

Official Program



# National Conference 2003

## Reno

Reno Hilton - Reno, Nevada - March 8-12, 2003

National Disaster Medical System

Catastrophic Care for the Nation



The NDMS 2003 Annual Conference is presented through the joint sponsorship of the NDMS Consortium, the Department of Veterans Affairs Employee Education System, the VA Maryland Health Care System, Perry Point Division and the Chesapeake Health Education Program, Inc. Program Numbers 03.V5.NDMSSUN.A, 03.V5.NDMSMON.A, 03.V5.NDMSTUES.A, 03.V5.NDMSWED.A.

## National Disaster Medical System

Department of Health and Human Services  
Department of Defense  
Department of Veterans Affairs  
Federal Emergency Management Agency

*presents the*

### 2003 NDMS Conference

Reno, NV. ~ March 8-12, 2003

Goal. This conference will:

1. Deliver an understanding of the health and medical requirements generated by disasters of any origin;
2. Provide access to authorities responsible for managing these requirements; and;
3. Afford opportunities for the delivery of education and the exchange of ideas necessary to the development of capabilities at the local, State, regional, National and international levels.

Objectives. The educational program will:

1. Convey the principles which underlie professional emergency health and medical service delivery;
2. Document the status of the profession as of 2003; and;
3. Encourage the attendee to engage in continuing education, training, research, and information sharing to enable further development of this Nation's lifesaving system(s).

Target Audience(s). Physicians, nurses, social workers, psychologists, pharmacists, infectious disease experts, veterinarians, emergency medical services personnel, morticians, sanitarians, dentists, health care administrators, emergency managers and response team personnel.

Continuing Education Credit: EES maintains responsibility for the program. A statement of credit will be awarded and accreditation records will be on file at EES. In order to receive continuing education credit, participants must attend 100% of the program and complete an evaluation.

Report of Training: It is the program participant's responsibility to ensure that this training is documented in the appropriate location according to his/her locally prescribed process.

Certificate of Attendance: PLEASE READ THIS IMPORTANT INFORMATION:

- Credits will be awarded on a per day basis. Participants registering for and attending only one day of the conference will receive their certificate at the conclusion of that day. Participants registering for and attending the Full Conference (Sunday through Wednesday) will receive their certificate at the conclusion of the conference on Wednesday after 3 pm. All certificates must be picked up on site. No partial credit can be awarded.

- All participants seeking continuing education credits must sign in each day. Sign in sheets will be located in the Registration Area in the Hilton Pavilion. Participants who don't sign in will not receive credit for that day.
- Continuing education credits only apply to pre-conference or full conference sessions (i.e. those sessions identified with a letter or number on the conference agenda). Participants attending mandatory meetings on Saturday and Sunday are not eligible for continuing education credits.

Evaluation: Participants will complete evaluations for each course that they attend, as well as an overall conference evaluation.

Faculty Disclosure: The Employee Education System (EES) must insure balance, independence, objectivity, and scientific rigor to all EES sponsored educational activities. The intent of this disclosure is not to prevent faculty with a significant financial or other relationship from presenting materials, but rather to provide the participant with information on which they can make their own judgments. It remains for the participant to determine whether the faculty interests or relationships influence the materials presented with regard to exposition or conclusion. When an unapproved use of an FDA approved drug or medical device, or an investigational product not yet FDA approved for any purpose is mentioned, EES requires disclosure to the participants.

*Each faculty reported no disclosable relationships or FDA issues.*

Accreditation / Approval:

PHYSICIANS (ACCME): The Department of Veterans Affairs Employee Education System is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The VA EES designates this educational activity for a maximum number of hours in category 1 credit toward the American Medical Association Physician's Recognition Award as follows: Full Conference, maximum of 26.5 hours; Sunday Only, maximum of 5.5 hours; Monday, Tuesday or Wednesday Only, maximum of 7.0 hours each day. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

EMERGENCY PHYSICIANS (ACEP): Application has been submitted to the American College of Emergency Physicians. Application is still pending.

NURSES (ANCC): The VA Maryland Health Care System, Perry Point Division, in collaboration with the CHEP Office, is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. The VAMHCS designates this educational activity contact hours as determined by the American Nurses Credentialing Center's Commission on Accreditation as follows: Full Conference, 31.8 hours; Sunday Only, 6.6 hours; Monday, Tuesday or Wednesday Only, 8.4 hours each day.

PSYCHOLOGISTS (APA): The VA Maryland Health Care System, Perry Point Division is approved by the American Psychological Association to offer continuing education for psychologists. As an organization approved by the American Psychological Association, the VAMHCS is offering this activity for hours of continuing education credit as follows: Full Conference, 26.5 hours; Sunday Only, 5.5 hours; Monday, Tuesday or Wednesday Only, 7.0 hours each day. The VAMHCS maintains responsibility for the program. A certificate of attendance will be awarded to participants and accreditation records will be on file at the VAMHCS Perry Point Division. In order to receive continuing education credit, participants must attend 100% of the program and complete and evaluation form.



PHARMACISTS (ACPE): The VA Employee Education System is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. Program number 610-999-03-009-L04. This program is approved for 24.5 contact hours. The VA EES maintains responsibility for the program. A statement of credit will be awarded to participants and accreditation records will be on file at EES. In order to receive a statement of credit from EES, participants must sign in at the beginning of the activity, complete and evaluation, attend 100% of the program and pick up their own statement of credit at the conclusion of the program. If statements are not available on-site, participants must sign/initial under the following



# Welcome !

Dear Conference Participants:

On behalf of the National Disaster Medical System (NDMS), welcome to the 2003 NDMS Conference in Reno, Nevada.

Key topics such as counter-terrorism, clinical medicine, mental health, disaster response teams, public health and international coordination will be addressed by expert speakers from local, State, and Federal government agencies as well as from volunteer, private sector, and academic entities.

One of the key functions of NDMS is to help provide medical treatment for large numbers of casualties involved in a major domestic disaster. Because of the importance of this mission, it is critical that all of us involved in health and medical services remain trained and prepared. Much of our training and preparedness comes from attending conferences like this one.

The Conference Planning Committee has designed an agenda filled with sessions that are both informative and useful in whatever aspect of emergency services you are involved.

At this conference are many of the Nation's leaders in the field of public health, medical, and emergency management. I look forward to meeting you and discussing the future of our Nation's response to natural and man-made disasters.

Sincerely,

Kevin S. Yeskey, M.D.  
Director, Office of Emergency Re-

sponse

statement: *As required by accrediting body regulations, EES cannot issue statements of credit for less than 100% participation. In order to receive a statement of credit and continuing education hours, I assert that I will attend 100% of this conference.* In the event that the statements of credit are not available at the conference, they will be mailed within six weeks following conclusion of the program.

**SOCIAL WORKERS (SW)** : The Chesapeake Health Education Program, Inc. has been designated an approved sponsor by the Maryland Board of Social Work Examiners and will provide Category 1 social work credit hours as follows: Full Conference, 26.5 hours; Sunday Only, 5.5 hours; Monday, Tuesday or Wednesday Only, 7.0 hours each day.

**DENTISTS (ADA/AGD)**: The Chesapeake Health Education Program, Inc. is an ADA Continuing Education Recognition Program (CERP) provider. This activity is awarded contact hours as follows: Full Conference, 26.5 hours; Sunday Only, 5.5 hours; Monday, Tuesday or Wednesday Only, 7.0 hours each day.

The Chesapeake Health Education Program, Inc. has been designated an approved sponsor by the Maryland constituent of the Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by AGD for Fellowship/Mastership credit. The current term of acceptance extends from 11/01/02 to 12/31/05. This CHEP CDE program is accepted by the AGD for membership maintenance, Fellowship and Mastership credits as follows: Full Conference, 26.5 hours; Sunday Only, 5.5 hours; Monday, Tuesday or Wednesday Only, 7.0 hours each day.

**PUBLIC HEALTH (NEHA)** : The NDMS 2003 Annual Conference has been approved by the National Environmental Health Association as follows: Full Conference, 26.5 hours; Sunday Only, 5.5 hours; Monday, Tuesday or Wednesday Only, 7.0 hours each day.

**MORTICIANS**: This CE program has been submitted to the Maryland State Board of Morticians for approval. Application is still pending. Once approval statement is received, participants will receive a revised certificate by mail.

**HEALTH CARE EXECUTIVES (ACHE)**: The Chesapeake Health Education Program, Inc. is authorized to award continuing education hours of pre-approved Category II (non-ACHE) continuing education credit for this toward advancement of re-certification in the American College of Healthcare Executives, as follows: Full Conference, 26.5 hours; Sunday Only, 5.5 hours; Monday, Tuesday or Wednesday Only, 7.0 hours each day. Participants in this program wishing to have the continuing education hours applied toward Category II credit should list their attendance when applying for advancement of re-certification in ACHE.

**VETERINARY MEDICINE (RACE)**: This course has been submitted (but not yet approved) for 26.5 hours of continuing education credit in jurisdictions which recognize AAVSB's RACE approval; however, participants should be aware that some boards have limitations on the number of hours accepted in certain categories and/or restrictions of certain methods of delivery of continuing education. Please call the CHEP office at 410-642-1857 for more information.



**EMERGENCY MEDICAL SERVICES (CECBEMS)**: This continuing education activity is approved though the joint sponsorship of CHEP/NDMS and University of Maryland Baltimore County, an organization accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS). Credits are awarded as follows: Full Conference, 26.5 hours; Sunday Only, 5.5 hours; Monday, Tuesday or Wednesday Only, 7.0 hours each day.

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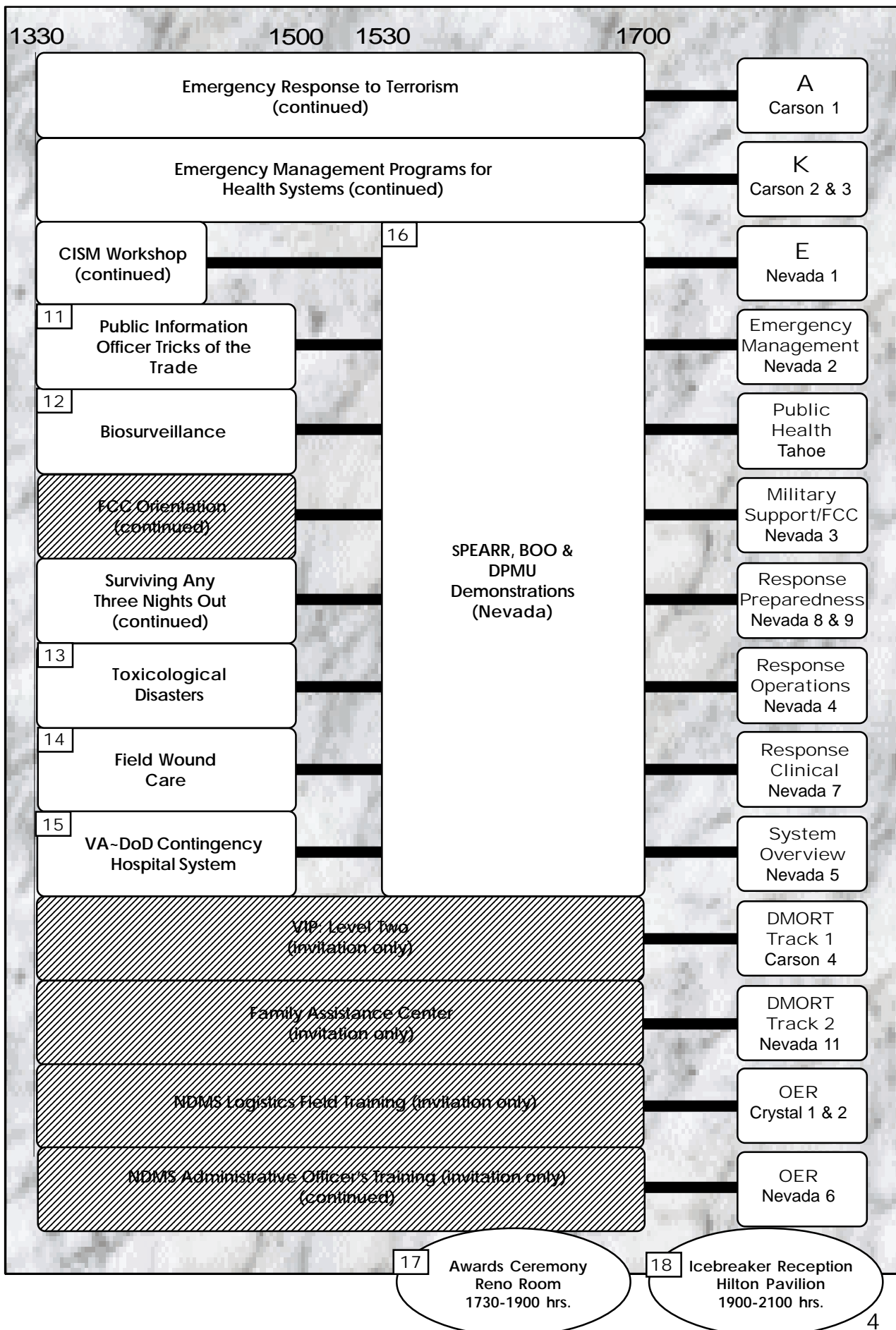
	0800	0900	1000	1100	1200
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J Nevada 5	Standardized Emergency Management System (SEMS) Emergency Operations Center Course				
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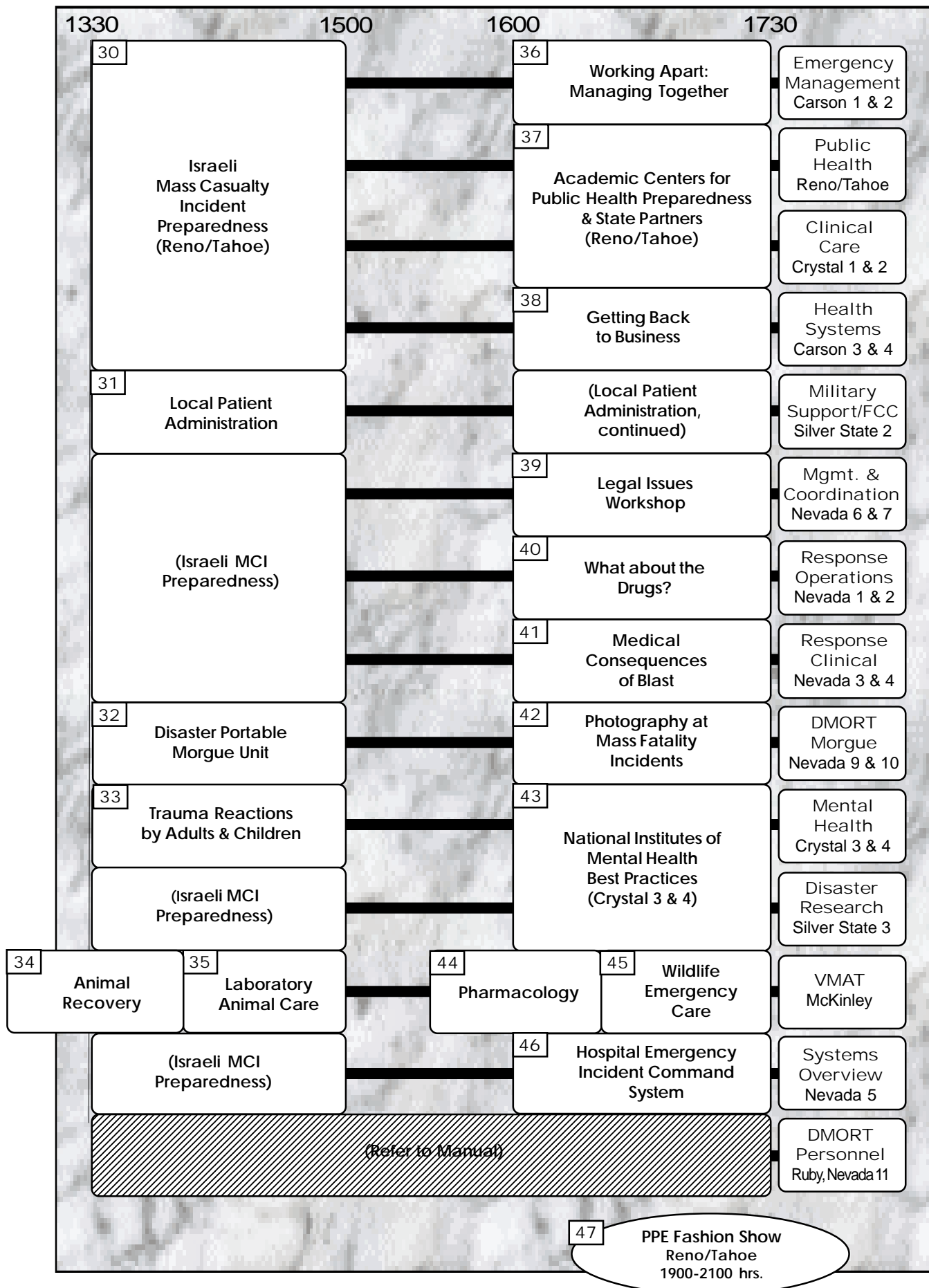
1330	1430	1530	1630	1730
	Emergency Response to Terrorism (continued)			A Carson 1
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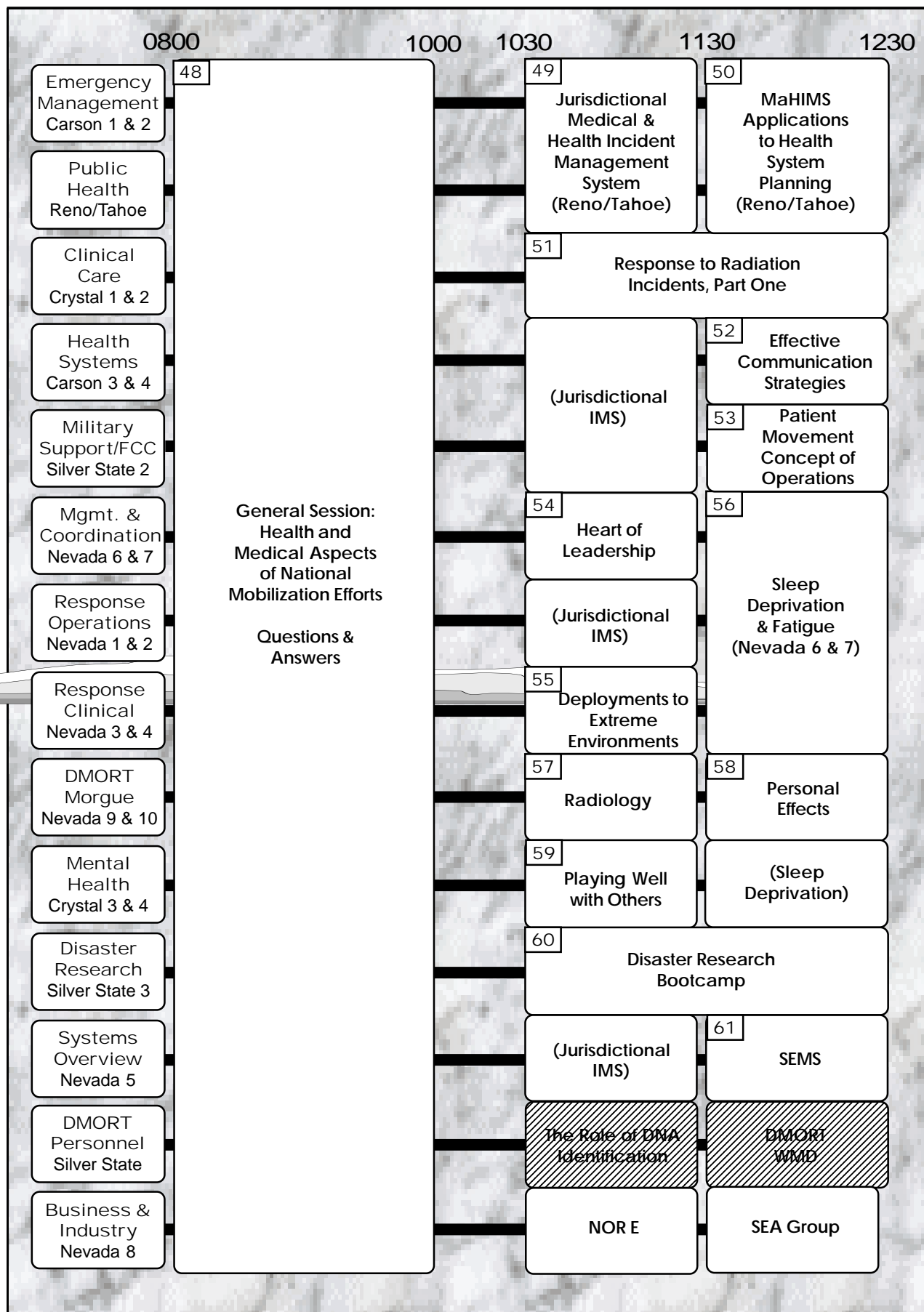


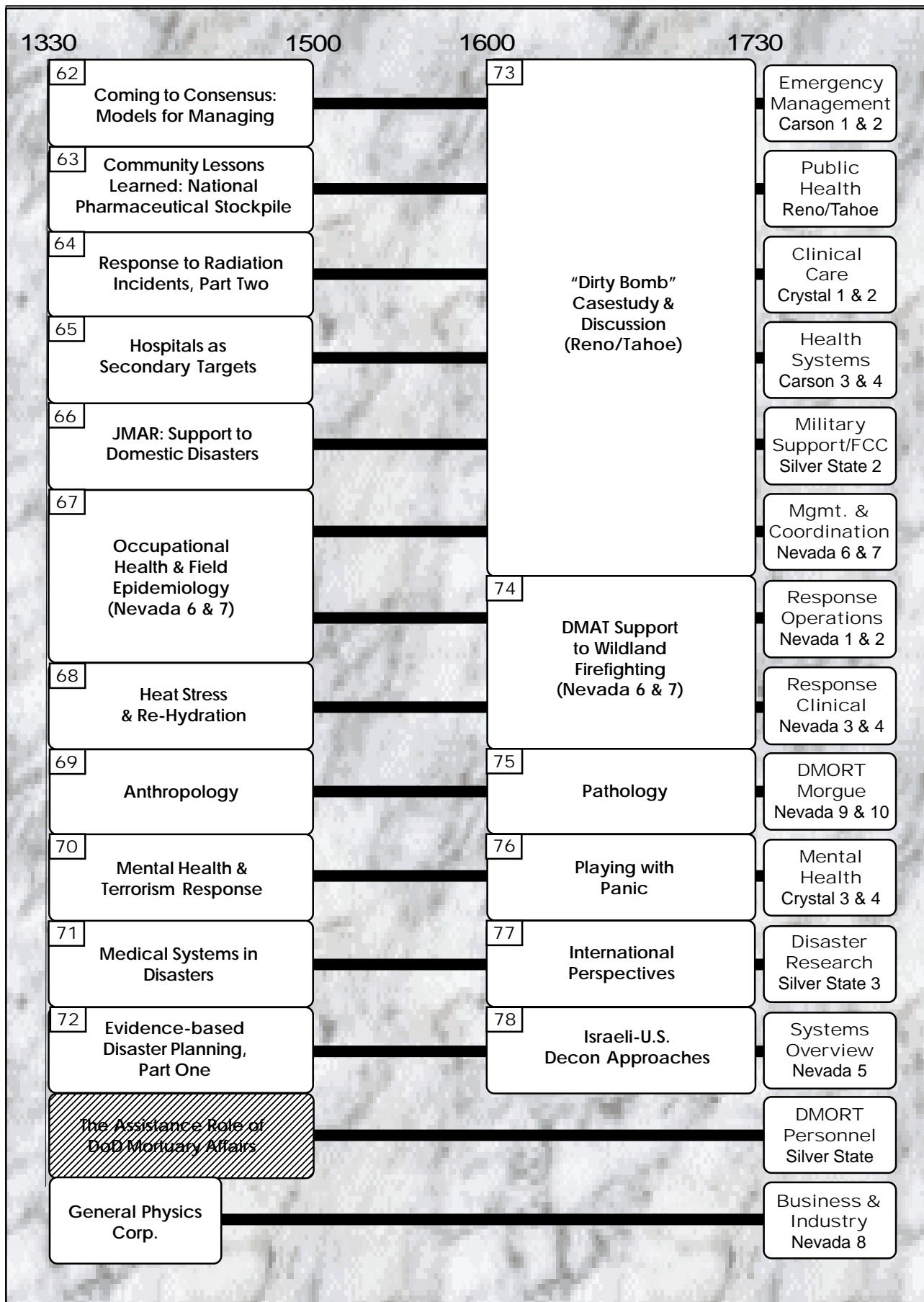
	0800	0930	1000	1100	1200		
A Carson 1	Emergency Response to Terrorism (continued)						
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System Overview Nevada 5				9	NDMS Today	10	Federal Response Plan
DMORT Track 1 Carson 4	Family Assistance Center (invitation only)		VIP Level One (invitation only)				
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OER Crystal 1 & 2	NDMS Logistics Training (invitation only) (continued)						
OER Nevada 6	NDMS Administrative Officer's Training (invitation only) (continued)						



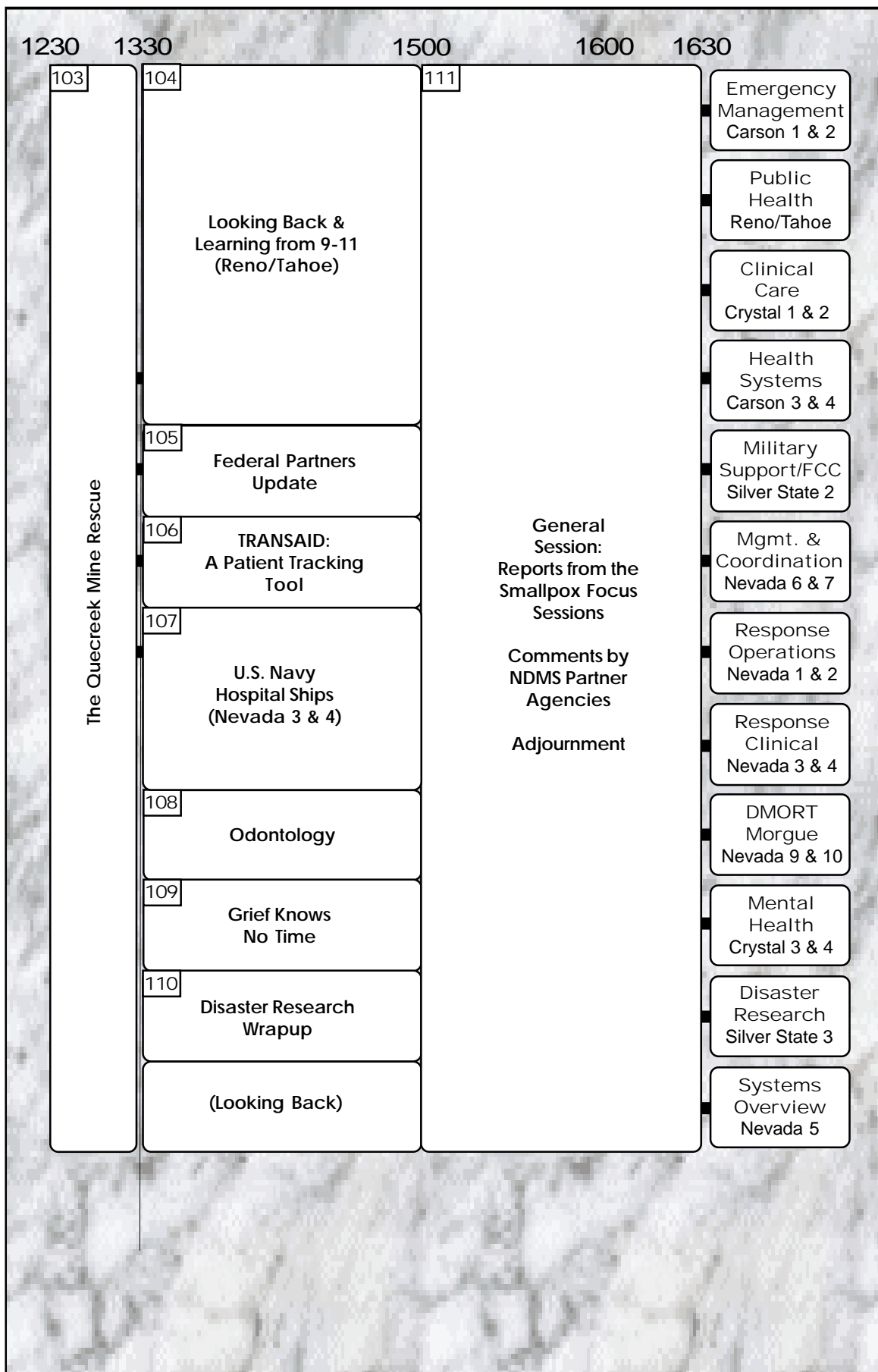
0800	1000	1030	1130	1230
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	0800	0930	1000	1100	1200
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Systems Overview Nevada 5		(Earthquake Casestudy & Discussion)	101	102	Noble Training Center
DMORT Personnel Silver State		Highly Effective Team-building			In Memory of Tom





Pre-conference Registration  
Hilton Pavilion  
Friday, 1830-2130 hrs. and Saturday, 0630-1800 hrs.

## Pre-conference Course Descriptions

- A     Emergency Response to Terrorism:  
Advanced Life Support Course (16 hrs.) 03.V5.ALSCEMER.A  
Saturday, March 8th 0800-1700 hrs. & Sunday, March 9th 0800-1700 hrs.  
Carson 1  
Douglas Wolfe, EMT/P

This course is designed for first-on-the-scene responding Emergency Medical Service (EMS) personnel who have the responsibility to render patient care to victims of terrorist incidents. The students will be trained in security considerations, identifying signs of terrorism, anticipating unusual response circumstances, assessing information, and initiating self-protection actions. They will also apply their knowledge about responding to a terrorist event, providing patient care, identifying and preserving evidence, managing site safety, documenting the event, and debriefing personnel.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a.     Recognize a terrorist event and determine possible response strategies.
- b.     Identify the unique personal safety implications associated with a terrorist event.
- c.     Identify the security issues that are unique to the terrorist event and to the EMS response.
- d.     Understand the basic principles of patient care based upon the type of weapon used in the event.

- B     Public Health & Medical Preparedness Practicum Program (8 hrs.)  
Saturday, March 8<sup>th</sup> 0800-1700 hrs. 03.V5.PUBLICHLTH.A  
Carson 2  
Craig DeAtley, PA-C

This interactive training program reinforces the importance of response officials having an awareness and understanding of various Federal, State and state health and medical response capabilities and the activities associated with a public health emergency.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a.     Identify some of the "lessons learned" that many recent incidents have in common.
- b.     Discuss legal aspects of important to the management of emergencies.
- c.     Describe the roles of various agencies involved in the response to incidents involving health and medical requirements.
- d.     Explain several inter-agency coordination processes known to be successful.

- C     NIIMS Incident Command System (ICS-200) Course (8 hrs.)  
Saturday, March 8th 0800-1700 hrs. 03.V5.NIIMSCS.A  
Carson 3  
Jim Stumpf

This material provides a basic understanding of the principles associated with the ICS. It covers specific details on the principles and features of ICS, organization, facilities, incident resources and terminology and the common responsibilities or general instructions associated with incident assignments. Interactive discussions and exercises scattered throughout the course will be used to provide a positive learning environment.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the eight components of ICS.
- b. Explain the five functional areas of ICS.
- c. Cite the major steps in the Incident Action Planning process.
- d. Discuss the principle behind unified command.

D Basic Amateur Radio Operator Certification Course (8 hrs.)  
Saturday, March 8<sup>th</sup> 0800-1700 hrs.  
Carson 4  
Ken Alan  
Bundy Chanock  
Chad Scott  
John Holder

Today, more than 680,000 HAM radio operators in the United States stand ready to assist emergency officials and relief organizations when disaster strikes. HAM operators have a long track record of getting the message through when all other systems fail. Students will learn the fundamentals of emergency communications as well as new technology such as FM voice, digital packet, single-sideband and more. Students will complete a licensing examination, affording them all the HAM radio privileges above 30 megahertz. The course is based on a series of self-study modules with instructor demonstrations and information to enter the exciting world of amateur radio operations.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Review the disaster communications systems currently available in the United States and internationally.
- b. Demonstrate proficiency in the use of the amateur radio communications system.
- c. Successfully pass the radio operator's license examination offered at the conclusion on the course.

E Critical Incident Stress Management (CISM):  
Individual Crisis Intervention and Peer Support (13 hrs.) 03.V5.CISM.A  
Saturday, March 8<sup>th</sup> 0800-1700 hrs. and Sunday, March 9<sup>th</sup> 0800-1430 hrs.  
Nevada 1  
Jeffrey Mitchell, Ph.D.

Crisis intervention is NOT psychotherapy, rather it is a specialized acute emergency mental health intervention which requires specialized training. Thus, crisis intervention is sometimes called "emotional first-aid." Crisis interventions are typically done individually (one-on-one) or in groups. This program is designed to teach participants the fundamentals of, and a specific protocol for, individual intervention. The audience for this class includes both emergency services, military, and business/industrial peer support personnel without formal training in mental health, as well as mental health professionals, who desire to increase their knowledge of individual (one-on-one) crisis intervention techniques.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the concept of CISM as a comprehensive crisis intervention program.
- b. Explain the role of the individual crisis intervention in the comprehensive CISM program.
- c. Define terms and concepts relevant to the study of crisis, traumatic stress and crisis intervention.

- d. Demonstrate selected crisis communication techniques.
  - e. Describe SAFER protocol for individual crisis intervention and it's role in comprehensive CISM.
  - f. Demonstrate of the use of SAFER protocol for individual crisis intervention.
  - g. Review common problems encountered while working with individuals in crisis.
- F Instructional Techniques for Emergency Managers (8 hrs.)  
 Saturday, March 8<sup>th</sup> 0800-1700 hrs.  
 Nevada 2  
 Jeff Dyar, EMT/P

This course will provide the student with an operational understanding of instructional principles and techniques relevant to emergency program management.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe an overview of the "four step" learning circle.
- b. Explain the various activities involved in preparing training sessions.
- c. Describe the difference in learning styles between adult and children.
- d. Describe how to design and develop practical applications.
- e. Explain various evaluation processes.
- f. Discuss presentation techniques known to make training more effective.

- G Winter Emergency Care Course (8 hrs.) 03.V5.WINTEREMER.A  
 Saturday, March 8<sup>th</sup> 0800-1700 hrs.  
 (off-site at Mt. Rose)  
 Ben Ho, M.D.  
 National Ski Patrol Instructors, Mt. Rose  
 Avalanche Search Dogs, Wilderness Finders Search Dog Teams

Springtime in the Sierras provides a unique opportunity for pre-conference attendees to learn how the harsh environment of the backcountry presents unique challenges to first responders. Cold weather and high altitude will present health or medical problems to both victims and their rescuers, not frequently seen by urban providers. The environment may change or mask injuries/illnesses of the patient as well as test the survival skills of the rescuer. Additionally, providing emergency care in cold, wet, or harsh conditions creates the need to modify traditional emergency care and extrication techniques. Starting at a base elevation over 8000 ft and reaching nearly 10,000 ft, Mt. Rose Ski area will provide the backdrop for an intense all day workshop in backcountry skills. National Ski Patrol instructors and winter survival specialists from Mt. Rose and Wilderness Finders Search and Rescue Dog Teams will present a wide range of hands on practical sessions including avalanche, back country travel, and patient stabilization skills. Travel and lunch will be provided.

Dress in appropriate winter/wet weather clothing for all day outdoor activities. Skills not required.  
 NOTE: Course will be cancelled if it is raining on the mountain.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Identify the unique aspects of patient care in the cold and high altitude environment.
- b. Describe injuries common to outdoor winter activities
- c. Learn new techniques in treating injuries in outdoor winter conditions
- d. Know methods for personal survival and safety in the backcountry

H Hospital Emergency Incident Command System Course (8 hrs.)  
Saturday, March 8<sup>th</sup> 0800-1700 hrs. 03.V5.HOSPEMER.A  
Nevada 4  
Ann Stangby, R.N.  
Cheryl Starling, R.N.

HEICS is a model incident command system for hospitals. This eight-hour course will describe the origin of HEICS, its fundamental structure and the attributes of the program that make it successful. Many regulatory agencies are now endorsing an incident command model for hospital preparedness. You will learn how to utilize the system in planning and response as well as tips on integrating HEICS into your hospital. This course is for emergency planners who are planning to implement HEICS or who need refresher instruction. The session will conclude with a tabletop exercise using the HEICS model.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the organizational structure of the Hospital Emergency Incident Management System.
- b. Review the regulatory requirements for use of an incident command system in the hospital setting.
- c. Discuss the characteristics of the HEICS system that facilitate mutual aid.
- d. Demonstrate their use of the HEICS through a tabletop exercise.

I Injury Simulation Course  
Saturday, March 8<sup>th</sup> 1330-1730 hrs. 03.V5.INJSIM.A  
Nevada 7  
Marge & Joe Dolan

This fun, hands-on, skill building injury simulation “short course” is designed for those who are interested in learning the art of moulage. Instruction will include techniques for creating WMD simulations. Students will learn to create realistic wounds for use in Mass Casualty Incident Exercises, military medical exercises and training, Emergency Medical Services courses (BTLS, PHTLS, and ATLS), etc. The course will explain the basic application of various materials to create first and second-degree burns, vesicant blistering, and smallpox. Wear old clothes (short sleeves), or bring a smock or bib-type apron.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the basic materials used for creating simulated injuries.
- b. Demonstrate understanding of how the specific injuries are created.

J SEMS Emergency Operations Center Course (8 hrs.)  
Saturday, March 8<sup>th</sup> 0800-1700 hrs. 03.V5.SEMSEMER.A  
Nevada 5  
Jude Dunham

The goal of the EOC course is to enhance the participants' capability to manage a multi-agency/jurisdiction major emergency/disaster response within an Emergency Operations Center (EOC), and within the five functions specified in the Standardized Emergency Management System (SEMS). This course is designed for support/assistance, supervisory, management and executive personnel, who as part of their job duties or special assignment, will likely be expected to perform in a departmental operating center or in an EOC.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Understand essential SEMS terms related to an EOC.
- b. Describe some of the essential principles associated with disaster management, including knowledge of the role of an EOC in the management of an emergency or disaster.
- c. Explain the major functions and responsibilities of an EOC.

K Emergency Management for Health Systems Course (8 hrs.)

Sunday, March 9th 0800-1700 hrs 03.V5.EMPROG.A

Carson 2 & 3

Pete Brewster

John Lindsay

David Teeter, Pharm.D.

Joseph Barbera, M.D.

The recent changes to the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) emergency management (EM) standards point health systems towards a more integrated and consistent approach with community EM systems. The eight-hour pre-conference course will prepare students to develop, maintain and evaluate EM programs and apply incident management techniques within an Emergency Operations Center. Case studies, role-playing and ample time for questions will make this course an interactive and rewarding experience.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. List some of the organizations involved in establishing standards for the EM community, including the health sector.
- b. Explain several key EM concepts on which the standards are based.
- c. Describe a general process of EM program development, including the roles of the EM Committee and the EM Program Coordinator.
- d. Explain the various types of planning involved in EM, including the development of mitigation, preparedness, response and recovery strategies for priority hazards.
- e. Describe the process of risk identification, probability assessment and consequence analysis.
- f. Demonstrate the ability to write a Standard Operating Procedure and explain how it relates to an Emergency Operations Plan.
- g. Explain how to establish an ad hoc Emergency Operations Center.
- h. Apply the incident action planning process to solve problems posed by scenarios.

## Main Conference Session Descriptions

Sunday, March 9<sup>th</sup>

Registration

Hilton Pavilion

0630 – 1300 hrs. and 1500 – 2100 hrs.

Continental Breakfast

Nevada Foyer

0630 – 0800 hrs.

### Sunday Morning Concurrent Sessions

Emergency Management and Public Health Tracks

Tahoe

- 1 Coordinating Local, State and Federal Resources  
Into Hospital Planning  
0800-0930 hrs.  
Mike Murphy  
David Brynes  
Kern Wilson  
Tom Vaccarelli

Events both nationally and abroad have demonstrated the need for greater coordination between hospitals, local emergency management and their state and federal partners in disaster planning and response. Current MMRS efforts have addressed the issues of multi-agency and multi-jurisdictional coordination. The speakers will discuss ways you can use WMD planning to strengthen your all hazards response.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the concepts of all hazards planning for hospitals.
- b. Discuss the ways the selected cities have utilized multi-agency planning in strengthening their response plans.
- c. Describe the roles and responsibilities of local, state and federal emergency response agencies.

Response Team Preparedness, Operations & Clinical Tracks

Nevada 8 & 9

- 2 Silent Team Members: The Family  
0800-0930 hrs.  
Steve Chin, M.D.

For over a decade, as teams have responded to natural and terrorist disasters throughout the country, their families have waited patiently for their safe return. The physician for the Los Angeles County Task Force will present the difficulties which families face and provide effective strategies that they can use to support deployed teams.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the difficulties that team families face during a deployment
- b. Describe some strategies which team families can use during disasters
- c. Discuss how other teams provide for family support

#### DMORT Training Track One (Invitation only)

Carson 4

##### Family Assistance and Data Entry

0800-1000 hrs.

Christie Whitaker

Michael Gedert

This course will give an overview of the Family Assistance and Data Entry areas of a DMORT response. It will discuss the use of the Victim Identification Program (VIP) in family interviews, morgue operations and identification. It will include a review of the recently updated VIP forms. Insights will be shared regarding the interview process and the importance of Family Assistance and Data Entry working together cooperatively for a successful mission.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe an overview of the family assistance and data entry process.
- b. Explain the use of the VIP program.
- c. Discuss the various forms and their uses.

#### DMORT Training Track Two (Invitation only)

Nevada 11

##### Dental Training

0800-1200 hrs.

James McGivney, D.D.S.

WINID is the dental computer program used by the DMORT teams. The current version WINID3 was first released and used in New York City at the World Trade Center disaster. Previous versions were used at the Amtrak crash in Bourbonnais, IL, the Korean Air crash in Guam, the Alaska Air crash in Ventura, CA and the crash of a commuter plane in Quincy, IL. The program matches dental characteristics of ante mortem and postmortem records to produce a ranked list of possible dental identifications.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the evolution of the WIN ID computer program.
- b. Describe the purpose of the WIN ID program.
- c. Discuss some of the data elements it tracks.

## Emergency Management and Public Health Tracks Tahoe

- 3 Pandemic Flu Case Study and Discussion  
1000-1200 hrs.  
Ron Burger (moderator)  
Kathleen F. Gensheimer, M.D., M.P.H.  
Martin I. Meltzer, Ph.D.

The session will begin with a description of pandemic influenza, detailing its history in the 20th Century, its epidemiology and some of the clinical aspects. The elements of the National Influenza Pandemic Plan will also be discussed. Estimates of the potential impact of the next pandemic will then be presented along with a discussion of the policy implications of those estimates (e.g., how to allocate limited supplies of vaccines and anti-viral drugs) Included in the session will be an overview of some of the tools available to aid the state and local public health system plan and prepare for the next influenza pandemic.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the history and epidemiology of influenza pandemics in the 20th Century.
- b. Explain why pandemic influenza still poses a threat to the U.S. and global population.
- c. Discuss the main elements of the U.S. National Influenza Pandemic Plan.
- d. Provide estimates of the potential impact of the next influenza pandemic and the policy implications of those estimates.
- e. Describe how State, local and other public health officials can obtain some tools to help them begin drafting a plan for their locale.

## Military Support/Federal Coordinating Center (FCC) Track (invitation only) Nevada 3

National Disaster Medical System  
Federal Coordinating Center (FCC) Orientation  
1000-1200 and 1330-1500 hrs.  
Lt. Col. Bill Kormos  
Michael Feeser  
Michael Vojtasko  
Bruce Young  
David Rossi  
David Berg

This session will provide an overall orientation to the functions, duties and responsibilities of the Federal Coordinating Center (FCC ) and area coordinator. It will be based upon the recently updated draft of the new FCC Guide and will cover all aspects of FCC activities including NDMS area development; reception team development and planning; exercise; and administrative management of evacuated NDMS patients hospitalized or otherwise provided medical care within the designated Patient Reception Area (PRA). The session is specifically directed to NDMS Area Coordinators and other representatives of FCCs who are new to the program. However, since the session will be based on the most recent update to the FCC Guide, it should also be of interest to other area coordinators as well as individuals wishing to learn more about the role of the Federal Coordinating Center.



Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the role and functions of the FCC and Area Coordinator.
- b. Discuss area development to include hospital recruitment, MOU development and sustainment.
- c. Explain reception planning, plan development and exercise.
- d. Discuss reception area patient administration to include tracking, management, reimbursement, discharge and return.

#### Response Team Preparedness Track Nevada 8 & 9

- 4 Surviving Any Three Nights Out  
1000-1200 and 1330-1500 hrs.  
Christian Gadbois, EMT/P  
Russ Mann, R.N.  
Steve Richter, R.N.  
Mark Stinson, M.D.  
Jess Fender, EMT/P  
Mike McGroarty

Warning: Due to popular request, this session will include multiple “Hands On” opportunities! Whether you are a deployment “Veteran” or new to the disaster business, this session has something for you. Even though the Office of Emergency Preparedness has changed its name to the Office Emergency Response, one thing remains the same: The ability to be self sufficient for 72 hours in ALL conditions.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. List the major components of a personal gear bag.
- b. List the major suppliers / vendors of personal equipment and safety gear
- c. Identify and understand the logistical and safety aspects of operating in an Austere environment.
- d. Demonstrate understanding of several ways to pack to conserve space.

#### Response Team Operations Track Nevada 4

- 5 Advanced Rescue Techniques  
1000-1100 hrs.  
Bruce Hagen, EMT-P

Rescue of entrapped patients requires new and innovative techniques. A rescue paramedic for the Oakland Task Force 4 who is also an international instructor will demonstrate many of these skills that will allow the extrication of these challenging victims.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the problems associated with deeply entrapped victims
- b. Describe innovative patient packaging techniques
- c. Discuss new patient extrication methods

6 Response to Nuclear Disasters  
1100-1200 hrs.  
Dario Gonzalez, M.D.

This presentation will provide response team members with a basic understanding of the unique hazards associated with events involving nuclear/radiation.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Review the basic types of radiation and protective measures.
- b. Explain the different scenarios that could be employed by a terrorist.
- c. Describe the methods for self-protection as it relates to those caring for radiation casualties.

Response Teams Clinical Track  
Nevada 7

7 Venomous Marine Exposures  
1000-1100 hrs.  
Karen Beth Van Hoesen, M.D., FACEP

Members of DMAT have recently been deployed to the Virgin Islands, Guam and the Gulf coast during hurricanes and flooding. Because of the unique environments in these areas, DMAT members may encounter victims exposed to marine hazards. This lecture will provide the background information necessary to identify and recognize marine acquired stings and envenomations and how to treat these potentially dangerous exposures.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Recognize potentially dangerous marine creatures
- b. Explain how to treat victims of jellyfish envenomation
- c. Explain how to treat poisonous fish wounds and stingray punctures
- d. Describe the appropriate antibiotics to use in marine acquired wounds

8 Dental Disease and Trauma in Disasters  
1100-1200 hrs.  
Mark A. Weiner, Col, USAFR, DC

The presenter will discuss dental injury, facial trauma and disease management in austere circumstances, considerations in air/land transport and other dental related issues. The special considerations of oral facial trauma will be addressed.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Discuss dental injury and disease management in disasters and austere environments.
- b. Identify facial and dental conditions that will require special considerations in management and transport.
- c. Describe emergency dental treatment for the non-dentist medical provider.

Systems Overview Track  
Nevada 5

- 9 National Disaster Medical System (NDMS) Today  
1000-1100 hrs.  
Robert Jevenc

This session will provide an overview of the background, purpose, evolution and current configuration of the National Disaster Medical System (NDMS), illustrate its interface with Emergency Support Function (ESF) #8, Health and Medical Services of the Federal Response Plan (FRP), and discuss how the FRP, ESF #8 and NDMS are being used to develop capabilities at the local, State, regional and national levels to manage the consequences of terrorist use of Weapons of Mass Destruction (WMD).

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe an overview of the background, purpose and evolution of the NDMS.
- b. Illustrate how NDMS interfaces with ESF #8.
- c. Discuss how these Federal resources, along with State and local resources would be used to manage a WMD event.

- 10 Federal Response Plan: Overview of Operating Facilities  
1100-1200 hrs.  
Eric Tolbert

When the Federal Response Plan is implemented in response to a request for assistance by a Governor of an affected State, the Federal Emergency Management Agency (FEMA) regional office deploys personnel and equipment to conduct a rapid needs assessment with State officials, followed by a team that co-locates with the State Emergency Operations Center. This session will describe these and other operating facilities that support effective inter-agency disaster response and recovery.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the purpose and basic structure of the Federal Response Plan.
- b. Describe its implementation process.
- c. Discuss the various operating facilities established during the response to a major disaster.

DMORT Training Track One (Invitation only)  
Carson 4

VIP Training Level 1  
1000-1200 hrs.  
Bob Shank  
Michael Gedert  
Don Bloom

The level one VIP class will introduce the participants to the VIP database system and prepare them to work with it on a mission. This is a hands-on training class utilizing the actual DPMU equipment and VIP software. People who complete the class should be able to accurately enter a Post or Ante Mortem forms packet, know how to audit those records that have been entered, do simple searches on those results for specific items, sort those results and print the final report of that query to satisfy mission requirements and goals. Security of data and proper Information Resources Center protocols will also be discussed.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe what the Victim Identification Program (VIP) is and its applications.
- b. Explain data security procedures.
- c. Demonstrate the ability to input records and print reports.

Lunch (on your own)

## Sunday Afternoon Concurrent Sessions

### Emergency Management Track Nevada 2

- 11 Public Information Officer: Tricks of the Trade  
1330-1500 hrs.  
Captain Pete Howes

This session will offer guidance to hospitals and EMS providers on working with and not against the media. The basic principles for successful communication before, during and after an event will be reviewed. The barriers to a successful response and practical tips for breaking down these barriers will be discussed.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Discuss the importance of building a relationship with the media prior to a disaster.
- b. Review the components of an effective media communication plan
- c. Discuss the role of the media in communicating public safety messages

### Public Health Track Tahoe

- 12 Biosurveillance  
1330-1500 hrs.  
Joe Lombardo

Early detection of abnormal disease activity can provide public health officials and emergency response personnel with the information they need to effectively and efficiently respond to a disease outbreak. Additionally, having the ability to spatially view the illness in the community allows emergency personnel to set up triage and prophylaxis stations in the appropriate locations to maximize their impact. This type of enhanced response can provide effective treatment to those who need it most while minimizing casualties.

The Electronic Surveillance System for the Early Notification for Community-Based Epidemics (ESSENCE II) is an innovative surveillance system for rapid detection and alerting of anomalous disease events, such as those attributable to bioterrorist attacks. This system utilizes nontraditional early disease indicators, such as pharmaceutical sales, school and corporate absenteeism, and animal disease events, etc., together with conventional indicators, such as emergency room reports and physician office visits. The ESSENCE II system discriminates against the background disease levels and applies well-developed detector algorithm technology through signal processing and statistical analyses. Users of ESSENCE II can access temporal and spatial views of the analyses, allowing them to assess how illness is spreading through a region.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the components of a community-wide infectious disease surveillance system.
- b. Explain the use of an electronic surveillance system can improve and enhance the ability of emergency response personnel to respond effectively during a biological attack.

## Response Team Operations Track

### Nevada 4

#### 13 Toxicological Disasters

1330-1500 hrs.

Marianne Ingels, M.D.

Toxicological disasters are not new but have increased risk in this century. This session will review toxicological disasters from history, including both manmade and natural disasters. This baseline information will allow the attendee to understand the wide variety of toxicological disasters as well as “what went right and what when wrong” based on past events in history. The goal of this session is to apply lessons learned from past events to help identify and plan for future risks.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Discuss historic toxicological disasters.
- b. Identify lessons learned from previous events.
- c. Discuss potential sources of toxic disasters that exist today.
- d. Identify ways in which response teams and team members can prepare themselves to handle toxic disasters.

## Response Teams Clinical Track

### Carson 3

#### 14 Field Wound Care: What's Possible

1330-1500 hrs.

Scott Bjerke, M.D.

Disasters may require that victims with significant wounds be cared for outside the hospital setting. The trauma surgeon for the Nevada Task Force will discuss the complexities of wound care procedures using the equipment in the medical cache.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain what surgical procedures might be required during a disaster.
- b. Describe the limitations of the medical cache.
- c. Discuss what actual procedures might be performed during a disaster.

## Systems Overview Track

### Nevada 5

#### 15 VA~DoD Contingency Hospital System

1330-1500 hrs.

Michael Feeser

The Department of Veterans Affairs~Department of Defense (VA~DoD) Contingency Hospital System provides for the reception and delivery of health care services to military casualties upon their return to the Continental United States from an overseas conflict. This system is a backup to

the National Disaster Medical System for civilian casualties, should that system ever become overwhelmed. This presentation will provide the attendee with an appreciation for the design and operation of the VA~DoD Contingency Hospital System.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the organization of the Veterans Health Administration for this mission.
- b. Explain the nationwide process of bed reporting, medical regulating and patient reception.
- c. Discuss the relationship of this system to the NDMS.

DMORT Training Track One (Invitation only)

Carson 4

VIP Training Level 2

1300-1700 hrs.

Bob Shank

Michael Gedert

The level two VIP class will build on the level one class skills by introducing advanced searches and/or gaining knowledge of how to change reporting forms to meet mission requirements. It will emphasize proper data integrity and proper forms/reports management issues. People who complete the class should be able to; perform advanced criteria searches, understand fully the difference between forms and reports and when it is appropriate to change them, recognize mission needs and change the standard reports to meet those needs, understand security and appropriate reporting to the appropriate person/entity, print the needed reports for distribution in a variety of formats. The course will conclude with a practical examination allowing attendees and DMORT leadership to judge their mission readiness.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe some mission requirements that might affect use of standard VIP forms and reports.
- b. Demonstrate the ability to operate the VIP program to match the requirements of a given scenario.

DMORT Training Track Two (Invitation only)

Nevada 11

Family Assistance Center (FAC) and the Interview Process

1300-1700 hrs.

Christie Whitaker

This class will offer an introduction to the various aspects of a Family Assistance Center. It will focus on the family interview process and discuss some of the dynamics involved in working with families in crisis. Using the most current form of the DMORT Victim Identification Profile (VIP), participants will engage in an interactive experience designed to teach and enhance interview techniques.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the purpose of a Family Assistance Center (FAC).
- b. Explain some of the functions of the FAC.
- c. Discuss various interview techniques.

Break  
Nevada  
1500-1530 hrs.

Special Events  
Nevada  
1530-1700 hrs.

## 16 Demonstrations

### Base of Operations (BOO)

The Base of Operations (BoO) demonstration is set-up to show a partial BoO field set-up. A BoO is the field footprint for a DMAT set-up and operation in an austere field environment, while performing their medical mission. It includes shelters, portable power generation and distribution equipment, showers, latrine facilities, as well as, water purification, storage and distribution systems. This demonstration will be used to train NDMS members in set-up and operation of the BoO. As space is a consideration during this demonstration, only one of each BoO item is set-up. A full BoO set-up would have (4) rectangular and (1) octagon shelters, along with additional ancillary equipment.

### Disaster Portable Morgue Unit (DPMU)

The Department of Health and Human Services (DHHS)/Office of Emergency Response (OER)/National Disaster Medical System (NDMS), in support of the DMORT program, maintains two Disaster Portable Morgue Units (DPMU). One DPMU is staged at the OER warehouse in Rockville, Maryland and the other DPMU is staged in Sacramento, CA. The DPMU is a depository of equipment and supplies for deployment to a disaster site. It contains a complete morgue with designated workstations for each processing element as well as prepackaged equipment and supplies.

SPEARR: Small Portable Expeditionary Aerospace Rapid Response  
Team: A National Disaster Medical Response Resource

The SPEARR is the first module in Expeditionary Medical Support System (building block concept). It is deployable within minutes in backpack mode or two to six hours in trailer-airframe mode, capable of supporting twenty non-operative emergency / trauma resuscitations or ten trauma stabilization surgeries and providing a full spectrum of care – public health, critical and primary care, emergency medicine for population of risk (first responders-500).

## 17 Awards Ceremony

Reno  
1730-1900 hrs.  
Presented by the NDMS partner agency representatives:  
Public Health Service, Kevin Yeskey, M.D.  
Department of Defense, Ms. Ellen Embrey  
Department of Homeland Security, Mr. Michael Brown  
Department of Veterans Affairs, Robert Claypool, M.D.

## 18 Icebreaker Reception

Hilton Pavilion  
1900-2100 hrs.

Monday, March 10<sup>th</sup>

Registration  
Hilton Pavilion  
0700 – 1700 hrs.

Continental Breakfast  
Nevada Foyer  
0630 – 0800 hrs.

Monday Morning General Session  
Reno and Tahoe

19 General Session

Opening Ceremony  
0800-0815 hrs.

Welcoming  
0815-0830 hrs.

Local and State Representatives  
NDMS partner agency representatives:  
Public Health Service, Kevin Yeskey, M.D.  
Department of Defense, Ms. Ellen Embrey  
Department of Homeland Security, Mr. Michael Brown  
Department of Veterans Affairs, Robert Claypool, M.D.

Keynote Address:  
The Nation's Homeland Security Strategy  
0830-0900 hrs.  
Mr. Michael Brown,  
Under Secretary of Emergency Preparedness and Response  
Department of Homeland Security

The National Smallpox Strategy  
0900-1030 hrs.  
Mr. Joseph Henderson,  
Associate Director Terrorism Preparedness and Response  
Centers for Disease Control and Prevention

Break  
Hilton Pavilion  
1000-1030 hrs.

20 Focus Sessions  
1030-1130 hrs.

Conference attendees are invited to participate in a facilitated discussion on how planning for a smallpox incident has impacted their discipline. Within each track, discussion will focus on pre-event vaccination planning, the challenges of developing a response and the long term impact on



health care and emergency response providers. The findings from each session will be reported in a general session prior to the closing ceremony on Wednesday afternoon

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the ways in which the smallpox vaccination program has impacted your practice.
- b. Discuss the current and future implications of mass vaccination on long term planning in your discipline.
- c. Discuss the barriers to smallpox response planning within your field.
- d. Discuss roles your discipline may be asked to play in a major smallpox outbreak.

*Based upon your professional discipline or interest, please select a focus group*

- a Emergency Management  
Carson 1 & 2  
David Teeter, Pharm.D.
- b Public Health  
Reno/Tahoe  
Ron Burger
- c MMRS  
Crystal 1 & 2  
Ann Stangby, R.N.
- d Health Care Systems  
Carson 3 & 4  
Cheryl Starling RN
- e Military Support/FCC  
Silver State 2  
Mike Vojtasko
- f First Responders  
Nevada 6 & 7  
John Gaffney, EMT/P
- g DMAT  
Nevada 1 & 2  
Jane Stringer, RN, BSN
- h US&R  
Nevada 3 & 4  
Ben Ho., M.D.
- i DMORT  
Nevada 9 & 10  
Carol Gregory
- j Mental Health  
Crystal 3 & 4  
MAJ. Sherry McAtee

k Disaster Research  
Silver State 3  
Kimberly Shoaf, Dr.PH.

Veterinary Medical Assistance Teams (VMAT) Track  
McKinley

21 Small/Large Animal Decontamination  
and Processing Domestic Animals  
1030-1130 hrs.  
James Hamilton, DVM

This session will introduce the attendees to the appropriate techniques of animal decontamination and how to construct an animal decontamination unit for use in the field during a disaster. In addition, this session will teach the participant how to process a large number of animals displaced in a disaster needing identification and reunion with an owner or caretaker.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe how to construct an animal decontamination unit.
- b. Explain how to decontaminate large and small animals.
- c. Discuss how to efficiently process large numbers of displaced animals during a disaster situation.

DMORT Training Track One (Invitation only)  
Ruby 1

Family Assistance and Data Entry  
1000-1200 hrs.  
Christie Whitaker  
Michael Gedert

This course will give an overview of the Family Assistance and Date Entry areas of a DMORT response. It will discuss the use of the Victim Identification Program (VIP) in family interviews, morgue operations and identification. It will include a review of the recently updated VIP forms. Insights will be shared regarding the interview process and the importance of Family Assistance and Data Entry working together cooperatively for a successful mission.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe an overview of the family assistance and data entry process.
- b. Explain the use of the VIP program.
- c. Discuss the various forms and their uses.

DMORT Training Track Two (Invitation only)  
Ruby 2

VIP Training Level 1  
1000-1200 hrs.  
Bob Shank  
Michael Gedert  
Don Bloom

The level one VIP class will introduce the participants to the VIP database system and prepare them to work with it on a mission. This is a hands-on training class utilizing the actual DPMU equipment and VIP software. People who complete the class should be able to: accurately enter a Post or Ante Mortem forms packet, know how to audit those records that have been entered, do simple searches on those results for specific items, sort those results and print the final report of that query to satisfy mission requirements and goals. Security of data and proper Information Resources Center protocols will also be discussed.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe what the Victim Identification Program (VIP) is and its applications.
- b. Explain data security procedures.
- c. Demonstrate the ability to input records and print reports.

DMORT Training Track Three (Invitation only)  
Nevada 11

Dental Refresher  
1000-1200 hrs.  
James McGivney, D.D.S.

This training is a refresher of the dental computer program that matches dental characteristics of ante mortem and postmortem records to produce a ranked list of possible dental identifications.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the evolution of the WIN ID computer program.
- b. Describe the purpose of the WIN ID program.
- c. Discuss some of the data elements it tracks.

Emergency Management and Public Health Tracks  
Reno/Tahoe

22 Federal Preparedness Grant Updates  
1130-1230 hrs.  
Andrea Argabrite MS-FNP, MPH  
Randy Louchart  
MMRS representative

In recent years, funding for emergency preparedness by the Federal government to State and local governments and other entities has dramatically increased. Three major sources of this funding emanating from the Department of Health and Human Services aim to increase the capabilities of the public health, health care and emergency medical response system(s). This presentation

will provide attendees with an understanding of the past and current year activities and how they, together, produce a greater degree of readiness.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the history behind the three grant programs.
- b. Describe the objectives of each grant program.
- c. Discuss some of the outcomes from these activities and how they complement other preparedness activities in the Nation's emergency management system.

Clinical Care, Health Systems, Military Support/FCC and  
Systems Overview Tracks  
Carson 3 & 4

23 Joint Commission Emergency Management Standards  
1130-1230 hrs.  
Robert Wise, M.D.

The hospital standards and regulations for emergency planning and response continue to grow and change as events dictate. This session will review the Joint Commission Standards for the Environment of Care and the new regulatory requirements for emergency medical credentialing.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Discuss the impact of the 2001 JCAHO standards on hospital disaster planning.
- b. Describe the ways in which the JCAHO standards can advance comprehensive emergency management at your facility.
- c. Review the components of emergency medical credentialing for hospitals

Management & Coordination Track  
Nevada 6 & 7

24 EOC-Team Interface  
1130-1230 hrs.  
Mark Snyder

The purpose of the presentation would be to clarify the Office of Emergency Response (OER) Emergency Operations Center (EOC) –Response Team relationships during times of preparedness, pre-deployment activities, active deployment and post deployment activities. Topics would include: EOC operations and procedures; deployment procedures; EOC/Team communications and expectations; and available EOC resources.

Specifically, the presentation will outline: updating of team information; contact procedures; team use of the conference bridge and other EOC resources; step-by-step deployment process and procedures from notification to actual deployment; EOC/Team relationship during active deployment through demobilization; member/team travel process and issues; current and future technology.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe some pre-deployment responsibilities of all Response Teams.
- b. Explain the relationship between the Response Teams and the OER EOC during a mobilization.
- c. Discuss the general deployment process, including administrative requirements of all deploying Response Teams.

## Response Teams Operations & Clinical Tracks Nevada 1 and 2

- 25 Tropical Deployments  
1130-1230 hrs.  
Jake Jacoby, M.D.

Tropical deployments provide unique challenges for teams and team members responding to a disaster. This presentation will focus on some of the clinical, logistical and operational issues inherent to these activations. Experiences from deployments to St. Croix, the U.S. Virgin Islands after Hurricane Georges and from Super Typhoon Pongsona that struck Guam in December 2002, will provide lessons learned that will benefit future responses and responders.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe specific factors unique to tropical deployments.
- b. Identify operational and logistical problems that can be anticipated.
- c. Discuss some clinical implications.

## DMORT Morgue Track Nevada 9 & 10

- 26 Admitting Process  
1130-1230 hrs.  
Paul Taylor

This session will describe the tracking and storage of human remains throughout the morgue process including storage, flow and maintenance of ante mortem records.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Describe the admitting function within the DPMU.
- b. Explain the admitting process.
- c. Discuss some of the methods for ante mortem record keeping.

## Mental Health Track Crystal 3 & 4

- 27 Children Reveal Attitude Change  
Toward 21<sup>st</sup> Century Disasters  
1130-1230 hrs.  
Jim Crabtree, RN, BSN, MICN

How did the events of September 11<sup>th</sup> affect America's children? Every generation has experienced a surprise event that changed their view of the world. Examples are the assassination of JFK and the attack on Pearl Harbor. Society will not know exactly how 9/11 changed a generation for decades, but an insight can be gleaned by studying the letters that school children sent to 9/11 rescue sites. Evidence of a deeper strength and understanding by children of tragic events can be used to adapt psychological interventions to produce the greatest benefit in younger age groups.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Name three examples of how generations are affected by world events
- b. Understand the complexity world events have on America's children
- c. Learn how to adapt psychological interventions in order to enhance outcomes when intervening with children who have experienced tragic events

#### Disaster Research Track

##### Silver State 3

#### 28 Translating Research into Practice

1130-1230 hrs.

Marv Birnbaum, M.D., Ph.D.

Baxter Larmon, Ph.D.

This session will assist the attendee in understanding research findings and how to translate these findings into practical use. In addition, this session will explain how and when to provide feedback to researchers; the importance of this feedback will be discussed.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Read and comprehend research articles published in peer reviewed journal in the field of emergency health and medicine.
- b. Extract key points from relative research to apply to their professional setting.
- c. List 2 ways that practitioners can provide feedback to researchers to improve the practical relevance of the research.

#### Veterinary Medical Assistance Teams (VMAT) Track

##### McKinley

#### 29 Chemical Restraint Delivery Systems

1130-1230 hrs.

Mark Lloyd, DVM

This session will introduce the attendee to the appropriate techniques to use for chemical restraint of an animal during a disaster situation using various chemical restraint systems. In addition, this session will provide information regarding the types of chemicals most appropriate for use in the field during a disaster situation.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain some techniques for chemical restraint of animals.
- b. Describe the appropriate drugs for use in chemical restraint situations.
- c. Discuss when, where, and how to utilize chemical restraint during disasters.

#### Brown Bag Lunch

Hilton Pavilion

1230-1330 hrs.

## Monday Afternoon Concurrent Sessions

Emergency Management, Public Health, Clinical Care, Health Systems, Management & Coordination, Response Teams, Disaster Research and Systems Overview Tracks  
Reno/Tahoe

- 30     Mass Casualty Incident Response: Israeli Model  
       1330-1500 hrs.  
       Doron Kotler  
       Guy Caspi

The Magen David Adom (MDA/Red Shield of David) is responsible for the emergency medical system (EMS) response for the state of Israel. The MDA utilizes employed and volunteer personnel in its response activities and is a key partner of the American Red Cross.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a.     Provide an overview of the Magen David Adom's Emergency Medical Services response for the state of Israel.
- b.     Explain some of the preparedness and response activities of the MDA, to include recent mass casualty incident response activities.
- c.     Identify several lessons that have been learned from recent experiences with suicide bombers.

Military Support/FCC Track  
Silver State 2

- 31     Patient Administration at the Local Level, Part One  
       1330-1500 hrs.  
       Michael Vojtasko  
       Michael Feeser

The role of the Federal Coordinating Center (FCC) does not end when patients arrive within the patient reception area and are transported to participating NDMS hospitals. In fact, a significant portion of the FCC's responsibilities involves tracking and management of the patient while in the care of the private sector participating hospitals. This session will focus on the activities involved, employing panel members to discuss various aspects of local patient administration. Part one will include patient tracking, clinical and administrative liaison, patient transfer, discharge and return. Part two will primarily focus on the reimbursement process and disposition of records followed by a discussion and question and answer period covering the topics discussed during both Parts One and Two of the session.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a.     Discuss various aspects of NDMS patient management and administration, at the FCC level, while the patient is receiving definitive care in the NDMS participating hospitals, including:
  1.     Methodologies that can be utilized for local patient tracking.
  2.     Information to be maintained and updated on patients while hospitalized.
  3.     Required liaison for clinical management of NDMS patients.
  4.     FCC involvement in transfer, discharge and return of patients.
  5.     Differences between management of military and civilian NDMS patients.
  6.     Reimbursement process for hospitalized patients.
  7.     Records management and disposition.

DMORT Morgue Track  
Nevada 9 & 10

- 32 Disaster Portable Morgue Unit  
1330-1500 hrs.  
William Ambler

An overview of the equipment in the Disaster Portable Morgue Unit (DPMU) including infrastructure items and preferred facilities.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the purpose of the DPMU.
- b. Explain the variety of functions performed within the DPMU.
- c. Discuss the DPMU's infrastructure and support requirements.

Mental Health Track  
Crystal 3 & 4

- 33 Trauma Reactions by Children and Adolescents  
1330-1500 hrs.  
Leslie Chegwiddden, Ph.D.  
Susan Hamilton, Ph.D.  
Linda Constant, R.N., BSN

Learn to be at ease when dealing with children and adolescents during trauma events. Come learn the effects of trauma on children and adolescents in the development age ranges of 5-11, 12-14, 15-18 and the reasoning behind their changes in behavior. Suggested interventions will be offered so you feel more comfortable in helping the young population.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Experience an increased ease when challenged with dealing with children during traumatic events.
- b. Name three effects trauma has on children and adolescents.
- c. Distinguish effects of trauma for multiple developmental ages.

Veterinary Medical Assistance Teams (VMAT) Track  
McKinley

- 34 Large Animal Recovery and Restraint  
1300-1400 hrs.  
Rebecca Gimenez, Ph.D.

Large animals (horses, cattle, etc) require specialized rescue methods that take into account their prey instincts and stress responses, as well as their large size and powerful reactions – yet they can be delicate to handle medically. A review of videotaped rescues (as commonly shown on TV) has revealed numerous lapses in attention to patient protocols, responder safety and conduct on scene, and lack of knowledge of equipment that is easily available to conduct these rescue situations in an efficient and safe manner.



Large animal emergency rescue situations require a TEAM approach and must be based on the use of the incident command system to affect a safe rescue for victim and responders. VMAT is perfectly organized to be able to meet this challenge.

This session will focus on basic methods for removal of large animals (particularly horses) from common scenarios that will be encountered in a disaster environment – namely overturned trailers, animals stuck in mud, or fallen into a ditch/septic tank/pool/hole . Equally important is learning that there are simple, low risk alternatives available to VMAT personnel who understand the essential rules of technical rescue – where helicopters and fancy equipment may be unnecessary.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Describe why and how the methodologies, training and equipment in this area have greatly improved over the last decade.
- b. Explain the basics of large animal behavior and safety concerns in rescue situations.
- c. Discuss the basics of large animal emergency rescue techniques and methods of extrication of large animals.
- d. Explain why a team approach is the only safe way to conduct a large animal rescue.

35      Laboratory Animal Care  
1400-1500 hrs.  
Elizabeth B. Stich, RLATG

Lab animal facilities present unique challenges for VMAT personnel. Animal facilities typically have a large concentration of animals in buildings and house a wide variety of species with various levels of health status-from specific pathogen free (SPF), immunocompromised or experimentally infected. Buildings compromised by the disaster will challenge the responders in their rescue efforts. Animals may be located in the basement, middle or top floor of the building behind a security system that may or may not be functional.

This session will provide an overview of how VMAT will be involved in the response to a lab animal facility disaster. The type of facility along with the species and number of animals involved will dictate our response roles. VMAT team members will need to be proficient in a variety of skills when responding to this type of disaster.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Identify critical areas where VMAT responders will be needed.
- b. Describe the various technical skills and cache items that will be useful in responding to an animal facility disaster.
- c. Explain the unique situation a large number and variety of animals in an incapacitated building will present to rescue workers.

DMORT Training Track One (Invitation only)  
Ruby 1

Family Assistance Center (FAC)  
and the Interview Process  
1330-1730 hrs.  
Christie Whitaker

This class will offer an introduction to the various aspects of a Family Assistance Center. It will focus on the family interview process and discuss some of the dynamics involved in working with families in crisis. Using the most current form of the DMORT Victim Identification Profile (VIP),

participants will engage in an interactive experience designed to teach and enhance interview techniques.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Describe the purpose of a Family Assistance Center (FAC).
- b. Explain some of the functions of the FAC.
- c. Discuss various interview techniques.

#### DMORT Training Track Two (Invitation only) Ruby 2

VIP Training Level 2  
1330-1700 hrs.  
Bob Shank  
Michael Gedert

The level two VIP class will build on the level one class skills by introducing advanced searches and/or gaining knowledge of how to change reporting forms to meet mission requirements. It will emphasize proper data integrity and proper forms/reports management issues. People who complete the class should be able to; perform advanced criteria searches, understand fully the difference between forms and reports and when it is appropriate to change them, recognize mission needs and change the standard reports to meet those needs, understand security and appropriate reporting to the appropriate person/entity, print the needed reports for distribution in a variety of formats. The course will conclude with a practical examination allowing attendees and DMORT leadership to judge their mission readiness.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Describe some mission requirements that might affect use of standard VIP forms and reports.
- b. Demonstrate the ability to operate the VIP program to match the requirements of a given scenario.

#### DMORT Training Track Three (Invitation only) Nevada 11

Dental Training  
1330-1730 hrs.  
James McGivney, D.D.S.

WINID is the dental computer program used by the DMORT teams. The current version WINID3 was first released and used in New York City at the World Trade Center disaster. Previous versions were used at the Amtrak crash in Bourbonnais, IL, the Korean Air crash in Guam, the Alaska Air crash in Ventura, CA and the crash of a commuter plane in Quincy, IL. The program matches dental characteristics of ante mortem and postmortem records to produce a ranked list of possible dental identifications.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Explain the evolution of the WIN ID computer program.
- b. Describe the purpose of the WIN ID program.
- c. Discuss some of the data elements it tracks.

Break  
Hilton Pavilion  
1500-1600 hrs.

## Emergency Management Track Carson 1 & 2

- 36 Working Apart, Managing Together:  
How Health and Local Governments  
Plan and Respond to Disasters  
1600-1730 hrs.  
John Lindsay  
Ron Kuban, Ph.D.  
Larry Skoglund

Disasters require a co-ordinated response from a variety of organizations. One sector that is always involved in the response is health, through emergency medical services, hospitals, public health mental health and other related health services. Unfortunately there can be a separation of the health sector's planning and response from that of the local government. This presentation will identify underlying issues and highlight mechanisms of linking the seemingly two separate and independent systems for managing disasters. It will outline the disaster management model proposed by Manitoba Health to guide the development of coordinated plans between the Regional Health Authorities and local municipalities. Speakers will discuss how the guideline is being implemented in one Regional Health Authority and the practical challenges of link the health sector to local government.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Discuss the conceptual and practical issues relating to a coordinated planning approach.
- b. Explain the steps for overcoming this separation and the means to implement them.
- c. Discuss the differences and similarities between the situations in Canada and the United States.

## Public Health and Clinical Care Tracks Reno/Tahoe

- 37 Academic Centers for Public Health Preparedness  
and State Partners  
1600-1730 hrs.  
Maureen Y. Lichtveld, M.D., M.P.H. (Moderator)  
Gina Swehla  
Bernard Turnock, M.D.  
Jack Thompson  
Joan Brewster

As the threat of bioterrorism, chemical warfare and nuclear weapons continue to loom on the horizon, the public health community is challenged to increase their competency in emergency management. Basic public health core competencies, as well specialized competencies in emergency and bioterrorism preparedness and response are the focus of national interest. CDC, through a federal grant program, funds a national system of Centers for Public Health Preparedness and Academic Centers for Public Health Preparedness to assist the public health system to evaluate and develop training in these competencies. A representative from CDC will present an overview of

these national efforts. A panel will discuss the actual experiences of two health departments who have been working in association with their Academic Centers for Public Health Preparedness to assess and train public health workers.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Discuss the national process being used to develop core competencies to deliver basic public health services, and to prepare and respond to a variety of public health emergencies, including bioterrorism.
- b. Understand the role of Academic Centers for Public Health Preparedness in assisting state and local health departments to develop competencies in their staff.
- c. Describe several inter-agency coordination processes and strategies that were developed in Washington and Illinois.

## Health Systems Track Carson 3 & 4

38     Getting Back to Business  
         1600-1730 hrs.  
         Eric Tolbert  
         Lisa Angell, R.N.  
         John Hendren

Recovering from a disaster may vary with the cause: natural, manmade, technological or hazardous material. Additional factors include the geographical location, size and type of facility that is impacted. This panel presentation will discuss various strategies for recovering from a major disaster

In the 1989 Loma Prieta Earthquake, Watsonville Community Hospital was forced to evacuate critical areas of the hospital, provide medical care in tents and in parking lots. Staff were impacted who had lost homes and families. There were language barriers and shelter concerns due to the high immigrant population in this rural farm area. Watsonville has been rebuilt and the lessons of Loma Prieta impacted the design. The impact both financially and as a community is still being felt today.

Washington Hospital Center in Washington DC felt the impact of an act of terrorism in their city. The resources for recovery vary in this large urban hospital from those faced in a rural setting. A representative from the Federal Emergency Management Agency will discuss how to utilize their agency and other assets of the federal government to recover from an event. Together the speakers will compare and contrast the problems faced in returning to day-to-day operations.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Discuss the long-term impact of disasters on hospital recovery and business resumption.
- b. Review the ways in which lessons learned from disasters can strengthen the hospital's emergency planning.
- c. Define the critical points needed for financial reimbursement and recovery from a disaster.
- d. Contrast the challenges of a natural event with those from a "man-made" disaster.

Military Support/FCC Track  
Silver State 2

Patient Administration at the Local Level, Part Two  
1600-1730 hrs.  
Michael Vojtasko  
Michael Feeser

(This is a continuation of Session #31.)

Management & Coordination Track  
Nevada 5 & 6

39     Legal Issues Workshop  
1600-1730 hrs.  
Alan Cohn, J.D.

Participation as a member of an NDMS federal disaster response team presents intricate legal questions for both the responder and the response team manager. How do workers' compensation and tort liability work? What about medical licensure and professional liability? This presentation is designed to give both responders and response team managers an understanding of the legal issues involved with participation on an NDMS team, and answer some of the bigger questions that face all team members and managers. The major topics to be covered are workers' compensation, tort liability, medical licensure, professional liability, and "Good Samaritan" laws. Other topics include occupational safety and health compliance, other federal regulatory issues, and nonprofit corporation concerns.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a.     Articulate the issues surrounding workers' compensation, tort liability, medical licensure, professional liability, and "Good Samaritan" laws, as they apply to the NDMS team.
- b.     Describe how other laws, regulations, and legal doctrines apply to the operation of an NDMS team.

Response Teams Operations Track  
Nevada 1 & 2

40     What about the Drugs?  
1600-1730 hrs.  
Ronald Gaudette, R.Ph., MBA  
Janet Schretlen-Doherty, Pharm. D.  
Michael Sohmer, B.S.Pharm..  
Emilio Mastrodomenico, R.Ph.

This session will explore the management and security of pharmaceuticals at disasters, provide helpful hints about storage, dispensing, alternative practice in austere environments; include management, procedures, procurement, security, legal issues, role expansion, and patient information management. The session will introduce the development of Specialty Teams (Pharmacist/Nursing DMAT)

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Identify the major considerations affecting the management of pharmaceuticals at a disaster.
- b. Identify roles and implications for dispensing of pharmaceuticals by healthcare licensed responders.
- c. Describe management and dispensing techniques that will save teams time, addressing security, and manageability of pharmaceuticals.
- d. Understand the use of Specialty Teams in catastrophic events.

#### Response Teams Clinical Track Nevada 3 & 4

##### 41 Medical Consequences of Building Bombings 1600-1730 hrs. Mike Olinger, M.D.

The bombing of occupied buildings remains the greatest threat from terrorist attacks on US civilian populations.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Explain the primary mechanisms of injury due to a bomb blast.
- b. Describe the injury patterns victims will present with and understand the clinical caveats in treating these patients.
- c. Appreciate the complexities of successful rescues from collapsed buildings.
- d. Discuss the medical considerations in rescuing victims from collapsed buildings and how they differ from standard ATLS.
- e. Describe the pathophysiology of crush injuries and of crush syndrome.
- f. Explain the medical principles in preventing and treating crush syndrome.
- g. Discuss some of the controversies in treating crush injuries.

#### DMORT Morgue Track Nevada 9 & 10

##### 42 Mass Fatality Incident Response Identification and Operation Photography 1600-1730 hrs. Roy A. Heim

This session provides an introduction to the photography needs at mass casualty and disaster incidents. It will prepare managers, supervisors and operational personnel with an understanding of the role that photography plays in the response. Documenting rescue and recovery of victims is the primary responsibility during disasters. Secondary to the rescue and recovery is thorough documentation of the operations setup and behind the scenes events that are valuable for training new personnel and debriefing the events. The training will cover different methods and equipment used for making the photography produce the best results for the present and future.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Describe the purposes of photography at a mass fatality incident.
- b. Explain steps involved in documentation process.
- c. Discuss photographic applications to the DPMU.

Mental Health and Disaster Research Tracks  
Crystal 3 & 4

- 43 National Institutes of Mental Health Best Practices  
1600-1730 hrs.  
Elspeth Cameron Ritchie, MC, LTC

Prior to 9/11, a consensus conference had been organized, "Mass Violence and Early Intervention". The purpose of the conference was to examine the literature, and to develop best practice guidelines in a number of arenas, 9/11 emphasized the importance of the meeting, and, despite travel difficulties, and the meeting was held in late October. Subject matter experts from around the world met for three days to apply the results of the literature search to current practices.

The conference was organized around six questions: 1) what current good practice would be recommended in mass violence situations, as a set of early interventions? 2) What should the key operating principles be? 3) What are the issues of timing of early intervention? 4) What is the appropriate screening? 5) What is appropriate follow-up for whom, over what period of time? 6) What expertise, skills, and training are necessary for early interventions, at what level of sophistication? In addition, research, program evaluation, and ethical issues were addressed.

Consensus statements were developed, and published by the National Institute for Mental Health (NIMH). These statements will be presented. The mental health response to the Pentagon will also be briefly described. We also have the lessons learned by responders to mitigate the psychological responses to future attacks.

- Behavioral Objectives: At the end of this session, the participant will be prepared to:
- Understand common reactions to mass violence, disasters and terrorism
  - Know the key operating principals of early intervention
  - Understand best practice guidelines of immediate treatment

Veterinary Medical Assistance Teams (VMAT) Track  
McKinley

- 44 Pharmacological Considerations for Working Dogs  
1500-1600 hrs.  
Lisa A. Murphy, VMD

Working dogs must be in optimal physical condition to safely and efficiently perform their duties in the field. Many common veterinary medications are used in working dogs, either for the management of chronic conditions or to treat problems that develop in the field.

This session will discuss some common side effects of drugs that may be used in the field in the treatment of working dogs, including analgesics, anti-inflammatories, gastrointestinal drugs, and ophthalmic, otic, and other topical preparations. This review will discuss the potential impact of these drugs on a working dog's performance as well as possible drug-drug interactions that may occur when multiple drugs are being administered.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Discuss drugs that may be commonly used with working dogs.
- b. Explain the impact these drugs may have on the dogs.
- c. Discuss possible drug interactions.

45 Triage and Emergency Care  
for Wildlife in Disasters  
1600-1700 hrs.  
Patrice Klein, MS, VMD, DACPV, DACVPM

Wildlife are impacted by natural and man-made disasters but are often overlooked by response teams with domestic animal and human priorities. However, VMATs and other disaster responders are a vital resource in providing triage and emergency care for wild animals found injured or ill during deployments. Once stabilized, these wild animals may be transferred to local veterinarians and wildlife rehabilitators who may continue medical management until the disaster is resolved and the animals are capable of release to suitable habitat.

This session will focus on basic emergency treatments for native wildlife (bird species, herptiles, rodents and lagomorphs, small carnivores, and ungulates) to include stress management, hydration and wound management, fracture stabilization, and decontamination (oil spills). Equally important will be discussions on triage and methods of euthanasia.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Explain the issues of stress associated with wildlife in captivity.
- b. Describe the basics of fluid therapy, wound management, and fracture stabilization as applied to handling and treatment of wild animals.
- c. Discuss the importance of conducting triage from the initial presentation, of knowing release criteria, and making decisions about euthanasia.

System Overview Track  
Nevada 5

46 Overview of the  
Hospital Emergency Incident Command System  
1600-1730 hrs.  
Cheryl Starling, R.N.

HEICS is a model incident command system for hospitals. This session will provide an overview of the Incident Command System and the adaptations made to align it with health care organizations.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the organizational structure of the Hospital Emergency Incident Management System.
- b. Review the regulatory requirements for use of an incident command system in the hospital setting.



## Monday Evening Special Event

- 47    Personal Protective Equipment (PPE)  
      Do's and Don'ts  
      1900-2100 hrs.  
      Co-hosts: Ann Stangby, R.N. and Craig DeAtley, PA-C

Many of us have either purchased personal protective equipment for our staff or are researching what is available. Determining the most appropriate PPE for your area can be a challenge. Learning about PPE from a brochure or a web site alone can be confusing.

Join us for a unique and fun opportunity to see the various types and levels of PPE on actual models. Vendors exhibiting at the event are invited to will model their suits, respiratory protection and other equipment for the audience in this PPE fashion show, offering a brief but concise description merits of each. Learn what you need to know to make the right decision for your needs.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a.     Describe the various types of personal protective equipment currently available
- b.     Compare and contrast the use of personal protective equipment in the prehospital and hospital settings.
- c.     Discuss the unique challenges faced by the health care clinician in using various types of PPE.

## Tuesday, March 11<sup>th</sup>

Registration  
Hilton Pavilion  
0730 – 1700 hrs.

Continental Breakfast  
Nevada Foyer  
0630- 0800 hrs.

## Tuesday Morning General Session Reno/Tahoe

- 48    Medical and Health Aspects of  
      National Mobilization Efforts  
      0800-1000 hrs.  
      Department of Defense, Ms. Ellen Embrey  
      Department of Health and Human Services, Mr. Jerome Hauer  
      Department of Homeland Security, Mr. Michael Brown  
      Department of Veterans Affairs, Robert Roswell, M.D.

This session will outline current national mobilization efforts within the Department of Defense, as well as within the other NDMS partner agencies, with respect to potential overseas military conflicts and acts of domestic terrorism.

Emergency Management, Public Health, Health Systems, FCC/Military Support, Response Teams Operations and Systems Overview Tracks  
Reno/Tahoe

- 49 Jurisdictional Medical and Health Incident Management System  
1030-1130 hrs.  
Joseph Barbera, M.D.  
Anthony Macintyre, M.D.

The attacks of September 11<sup>th</sup>, followed shortly by the anthrax dissemination event in Florida, the National Capital Region, and the New York metropolitan area, have confirmed that the United States faces a new threat of jurisdictional mass casualty incidents. There are no mass casualty response standards that organize all health and medical activities within a jurisdiction. The Medical and Health Incident Management System (MaHIMS) project was undertaken to address this critical management deficiency.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the purpose of the MaHIMS project.
- b. Explain the process of defining and structuring the various health and medical operations and support activities.

Emergency Management and Public Health Tracks  
Reno/Tahoe

- 50 MaHIMS Applications for Health System Planning  
1130-1230 hrs.  
Joseph Barbera, M.D.  
Anthony Macintyre, M.D.

This session will explain how the Medical and Health Incident Management System (MaHIMS) can be used as a tool to integrate community-wide public health, emergency medical, hospital and public safety planning.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the various functions within the MaHIMS model.
- b. Explain how the model can be used to support community-wide emergency management planning.

Clinical Care Track  
Crystal 1 & 2

- 51 Health & Medical Response  
to Radiation Incidents, Part One  
1030-1230 hrs.  
Fun Fong, M.D.  
Judy Edwards  
Laura Block, Pharm.D.  
Bill Blakely, Ph.D.  
James Jordan

This block of instruction will address the following subjects:

Acute Radiation Syndrome – Systemic effects of radiation exposure will be reviewed, covering methods of mass-triage based on screening symptoms of vomiting, hematological confirmation of ARS, and initial treatment.

Internal Contamination – Internal Contamination and how it affects the human body, will be discussed. There is a window of enhanced therapeutic effectiveness immediately following internal contamination in which treatment regimens are enhanced. Agents for the five most common internal contamination scenarios will be discussed.

Dosimetry options – Radiation exposure can be measured, making it different from other modalities of mass destruction. Standard and opportunistic options for human dosimetry will be discussed for those suspected of being exposed to radiation.

External Contamination / Decontamination – Characteristics of External Contamination will be discussed. Techniques of radiological decontamination will be discussed using standard trauma barrier equipment.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe aspects of nuclear terrorism important to clinicians in definitive health care settings.
- b. Explain the signs and symptoms of acute radiation illness.
- c. Discuss internal and external contamination issues.

Health Systems Track  
Carson 3 & 4

- 52 Effective Communication Strategies  
1130-1230 hrs.  
Craig DeAtley, PA-C

When a disaster hits, who do you call and when? What information should you have ready to share with colleagues and with the community? How will you design your communication program to meet the needs of your hospital, the community and the region? Integrating systems and technology that will work for your facility and your region will not only enhance your response but also allow you to coordinate quickly and effectively with other responders. The speaker will review a model communications plan and discuss ways to refine your system for an effective response.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Review the barriers to effective communications plans and systems within hospitals.
- b. List the critical components of a successful communications plan.
- c. Discuss the role of the community, state and federal partners in emergency communications.

## Military Support/FCCTrack

### Silver State 2

#### 53 Patient Movement Concept of Operations

1130-1230 hrs.

Major Rick Miles

The primary mission of the Department of Defense (DoD) patient movement system is to safely transport United States military casualties from theaters of operations to fixed DoD Medical Treatment Facilities (MTFs), Primary Receiving Center (PRCs), or to NDMS areas for admission to participating private sector hospitals. The DoD transportation resources may also be used to move non-DoD patients when the DoD mission shall not be impaired and movement of such traffic is of an emergency, lifesaving nature, specifically authorized by statute, in direct support of the DoD mission, or requested by the Head of an Agency of the

Government under Title 31, sections 1535 and 1536 of the United States Code, "The Economy Act." Attendees will be briefed on eligibility for patient movement, policy for its use, responsibility for funding and reimbursements, applicability of tariff rates and requirements for approval. Discussion will address both medical regulating (the identification of, and assignment to, a medical treatment facility capable of providing definitive care, recuperative and/or restorative care to eligible beneficiaries) and evacuation (the process of actually moving a patient through the United States Department of Defense Transportation System (Air/Land/Sea) to create a Bed-lift plan).

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Discuss the DoD Patient Movement System that ties together patient accountability from the theater of operations, while in transit, and at originating, destination and en-route medical treatment facilities.
- b. Describe how the Global Patient Movement Requirements Center (GPMRC) provides in-transit visibility and medical regulation of patients in both peacetime and domestic contingencies.
- c. Explain decision-making related to transportation mode (air/sea/land) selected for patient movement.
- d. Identify the conditions under which patient movement may be provided by DoD and identify the categories of patients eligible for movement.
- e. Explain the conditions under which patient movement services are provided to DoD beneficiaries, other United States Government Agencies, private individuals or organizations, foreign countries, or foreign nationals and how DoD is reimbursed for these services.

Management & Coordination Track  
Nevada 6 & 7

- 54 The Heart of Leadership – Focus and Position for the Future  
1030-1130 hrs.  
Tim Tackett

As the post-9/11 environment requires mission changes for DMATs, teams must consider the role of leadership as a central focus to deployment readiness. The OER has no formal training process or specific parameters required for team leadership to command and deploy a team. The lack of standardized leadership models pertaining to DMAT command, and the fact that many team leadership personnel may not be familiar with the dynamics of managing a group of volunteer professionals, can directly affect mission readiness.

The critical components and dynamics of team leadership will be discussed through lecture, open discussion, and PowerPoint presentation in a 50-minute session. Participants will be exposed to techniques, structures, and tips to effectively carry out DMAT mission requirements.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the history and rationale for fundamental leadership principles and models.
- b. Improve DMAT mission readiness and team moral by exposing team leadership to standardized and historical leadership methodologies.
- c. Describe the complex dynamics of leadership in the tactical setting.
- d. Define some of the essential rules and models for defining leadership strategy and policy.

Response Teams Clinical Track  
Nevada 3 & 4

- 55 Deployments to Extreme Weather and Altitude  
1030-1130 hrs.  
Chris Ho, M.D.

The Salt Lake Olympics highlighted the difficulty of deploying teams in the winter and in the mountains. The physician for the San Diego Task Force who is also a veteran of the Himalayan Rescue Association will discuss the complexities of caring for team members and victims in the cold temperatures and altitudes commonplace in the western United States.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the difficulties that cold weather and altitude cause on deployed teams.
- b. Describe the difficulties that cold weather and altitude cause on victims.
- c. Discuss the methods used to deal with these difficulties.

Management & Coordination, Response Teams Operations and Clinical Tracks  
Nevada 6 & 7

- 56 Sleep Deprivation and Fatigue  
1130-1230 hrs.  
Bruce Cummings, D.O., FACEP

Catastrophes occurring over several days or weeks require multiple “time-on” and “time-off” work cycles. The difficult working conditions with irregular work pace results in fatigue in disaster workers and decreased coping ability to handle incident stress. Medical personnel caring

for rescue workers should be aware of and know how to lessen the effects of fatigue on the physical performance and judgment capabilities of their team members.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Recognize the signs and symptoms of fatigue
- b. Identify counter measures for combating fatigue.
- c. Be aware of incident stress in disaster workers.

#### DMORT Morgue Track Nevada 9 & 10

57 Radiology  
1030-1130 hrs.  
Mary Fischer

This session will provide the student with an understanding of the functions of the radiology section of the DMORT morgue. It will describe the equipment, supplies, and the process by which the films are developed. It will explain how the use of x-rays plays an important role in the identification process in a disaster.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the role radiology performs as part of the DMORT operation.
- b. Explain the methods used to perform the radiology function.
- c. Discuss what technologies are currently used.

58 Personal Effects  
1130-1230 hrs.  
N. Steve Tinder

Processing personal effects is a critical part of the overall DMORT morgue operation. Personnel assigned to the personal effects section must understand their role and responsibilities. They must be aware of the importance of properly processing personal effects to assist in making a tentative identification of the victim, providing crime scene evidence and maintaining the chain of custody.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the role of personnel assigned to the personal effects function.
- b. Describe the process of documentation.
- c. Discuss methods used to match personal effects with disaster victims.

#### Mental Health Track Crystal 3 & 4

59 How to Play Well With Others:  
Understanding the Personalities of Your Teammates  
1030-1130 hrs.  
Thomas M. Chegidden, MS, MFT

In disasters, there is much chaos around us; let's not have that chaos be between us. Come learn more about yourself and the team members you work beside when conquering a disaster. Four basic personality styles, how they interact with each other, and their effects on the

functional performances of the team before, during, and after the disaster will be clearly presented. Basic needs, communication styles, leadership styles, and motivational factors will be reviewed.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Identify the 4 personality types.
- b. Recognize the major differences between the types.
- c. Identify and understand your own personality type.

#### Disaster Research Track Silver State 3

60 Disaster Research Bootcamp  
1030-1230 hrs.  
Deborah Riopelle  
Kim Shoaf, Dr.PH.

This session will provide basic training on the nuts and bolts of designing, conducting, and analyzing disaster research. The session will include discussions on developing research questions, study designs, and data collection, management, and analysis methods for both qualitative and quantitative disaster research studies. Disseminating and using research findings will also be discussed. Participants are encouraged to bring their own research questions and ideas for studies to the session to include in the discussion.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Develop at least two research questions related to their work or field of expertise;
- b. Identify appropriate and feasible methods of data collection that could be used in a study designed to answer their research questions.
- c. Identify a data analysis procedure and associated software program that would be appropriate for their study.

#### Systems Overview Track Nevada 5

61 California's Standardized Emergency Management System  
1130-1230 hrs.  
Anne Bybee

Between 1991 and 1995 California had numerous federally declared disasters (floods, fires, earthquakes, etc.) some of which affected all of the state's 58 counties. One of the most notorious was the Oakland Hills Fire in October 1991, which brought to light the lack of standardization in equipment and response methods. To address the challenging need to have a standard system for managing disasters, the State adopted SEMS into its government code. Based on proven management principles, SEMS provides for and incorporates the Incident Command System, mutual aid, multi-jurisdictional and inter-agency cooperation resulting in coordinated and unified decisions. It directs priority setting for resource allocation and response, and it enhances communications at all levels (starting at the field response). SEMS provides an organizational framework and guidance for operations at each level of the state's emergency management system. This session will provide an overview of the SEMS system in California.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the factors leading up to SEMS being mandated in California.
- b. Explain the organizational framework and components within SEMS

- c. Identify the five levels of government within the State's structure and show how they interact when requesting on providing resource.

DMORT Training Track (Invitation only)  
Silver State 1

The Role of DNA Identification in Mass Fatality Incidents  
1000-1100 hrs.  
David A. Boyer, MFS

DNA analysis is realizing an ever-increasing role in the successful resolution of human remains identification and reassociation in mass fatality incidents. While this relatively new method of identification is now widely accepted it is infrequently understood. Emergency service professionals participating in victim recovery and identification processes should develop a basic level of understanding of applied DNA technology as a conventional means of identification along side fingerprint, dental and radiograph comparison.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Understand the concept of identifying human remains by comparing DNA from unknown remains to direct and family references
- b. Delineate responsibilities of participating agencies in collecting, analyzing, and identifying DNA evidence
- c. Identify constraints limiting DNA results in mass fatality incidents
- d. List appropriate direct references and suitable family references of surviving kin for comparison
- e. Recognize selection criteria of intact and fragmented human remains for DNA testing

DMORT-WMD  
1100-1200 hrs.  
Dale Downey

The DMORT-WMD team is comprised of DMORT personnel from all ten regions. This session should provide the participant with up-to-date information on the team capabilities, equipment, composition, the requirements placed upon team members as part of this team as well as a full understanding of how this team operates.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the mission(s) of the DMORT WMD team.
- b. Describe some of the unique components of the team compared to other DMORTs.
- c. Discuss some of the additional training that DMORT WMD members require.

Brown Bag Lunch  
Hilton Pavilion  
1230-1330 hrs.



## Tuesday Afternoon Concurrent Sessions

### Emergency Management Track Carson 1 & 2

- 62     Coming to Consensus: Models for Managing  
       1330-1500 hrs.  
       Steve Jensen  
       Doron Kotler  
       Joseph Barbera, M.D.

Incident management systems are now widely accepted as a means of coordinating a variety of responding agencies at an emergency site. The strength of a successful incident management system lies with the acceptance the system has with the participating agencies. Therefore, implementing an incident management system in a new area requires tailoring the systems to meet the different needs of participating agencies and ensuring all operational and jurisdictional issues are addressed. By examining how two other countries, New Zealand and Israel, have adapted an incident management system to suit their unique contexts we can learn to better manage our own systems. The Coordinated Incident Management System (CIMS) was recently developed in New Zealand to make the best use of the limited management and physical resources available to respond to a wide range of natural hazards. In Israel the incident management system has been frequently applied in response to terrorist bombings and other emergencies. In the U.S., an incident management system that envelops all disaster health and medical functions for a jurisdiction has just been developed.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a.     Discuss the theories of organizational behavior upon which the systems are based.
- b.     Outline the process for developing cross-organizational structures.
- c.     Explain how jurisdictional difference influence the adoption of an incident management system

### Public Health Track Reno/Tahoe

- 63     Community Lessons Learned:  
       National Pharmaceutical Stockpile  
       1330-1500 hrs.  
       David Teeter, Pharm.D. (moderator)  
       Tim Quinn  
       Theodore G. Tong, Pharm.D.  
       Doug LeFebvre

This session will describe recent changes in the National Pharmaceutical Stockpile (NPS) plan and how local communities and states can develop workable plans to receive, breakdown and distribute the NPS. A representative from CDC will outline recent innovations in the NPS plan. Individuals responsible for developing methods to receive, breakdown and distribute the NPS at the community and state level will outline their programs and share lessons learned from exercising and testing their plans.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe any updates to the NPS.
- b. Discuss State and community approaches to the distribution of the NPS.

#### Clinical Care Track

##### Crystal 1 & 2

- 64 Health & Medical Response to Radiation Incidents, Part Two  
1330-1500 hrs.  
Fun Fong, M.D.  
Mark Moody  
Laura Block, Pharm.D.

This “part two” session will cover the following subjects:

Monitoring Instruments – Methods of detecting radiation using techniques of personal dosimetry, survey meters, nuclear medicine gamma cameras, chest counters and whole body counters will be discussed. Techniques of radiation survey of personnel and patients will be covered.

Radionuclide Dispersal Devices – What is a dirty bomb? What immediate effects would it cause? Three RDD scenarios will be presented and the potential contamination consequences will be discussed.

Nuclear Detonations – Physical effects of nuclear devices are discussed. Traditional techniques of personnel protection and special properties of fallout will be discussed.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the variety of radiation monitoring instruments and their relative strengths and weaknesses.
- b. Explain some characteristics of nuclear detonations.
- c. Discuss the design and use of various radionuclide dispersal devices.

#### Health Systems Track

##### Carson 3 & 4

- 65 Hospitals as Secondary Targets  
1330-1500 hrs.  
Sgt. Mark Potter

Hospitals and other health care facilities are confronted with the need to ensure safety and security while maintaining access for their clients. The speaker will discuss how to assess your hospital for security weak points and vulnerabilities and discuss structural and cosmetic modifications to lessen the risk to your facility. Emphasis will be given to the development of a bomb threat policy, including search and rescue techniques, telephone response and integration with local law enforcement. The types of explosives that may be used, their impact and consequence and how these will alter your plans will be discussed.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Review techniques for identifying security vulnerabilities at your facility.
- b. Describe search techniques in the event of a bomb threat.
- c. Discuss the importance of working with law enforcement during the planning stages.

Military Support/FCC Track  
Silver State 2

- 66 JMAR Support in Domestic Disasters  
1330-1500 hrs.  
CDR. David Stratton

JMAR is the Joint Medical Asset Repository is the Department of Defense single source for medical logistics asset visibility. This presentation will demonstrate what the Department of Defense Military Health System is doing to use our Medical Logistics Data Repository and warehousing of our Legacy and replacement Medical Logistics Systems information to streamline Supply Chain Management, Lower costs, and find out locations of required equipment and supplies, and capture costs/expenditures for Fixed Military Hospitals and our Medical teams/ units that respond to worldwide crisis and homeland defense events.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the purpose and major functions of the JMAR system.
- b. Explain its potential applications to domestic disaster response support.

Management & Coordination and Response Teams Operations Tracks  
Nevada 6 & 7

- 67 Occupational Health and Field Epidemiology  
1330-1500 hrs.  
Thérèse E. Rymer C.FNP  
Jonathan L. Burstein, M.D.

Response Team readiness requires focused attention on the well being of the individual team member well before the mission and continuing through and after deployment. This session will focus on the development of team programs to address programmatic strategies for physical requirements, immunizations, respiratory protection and general issues important to the members and team's ability to function. Concepts of work restrictions, accommodations, Workers' Compensation and the relationship with Epidemiology will be introduced. The program will offer guidelines for the management of infectious disease exposures during a deployment. Session will review recognition of outbreak, logic and process of outbreak investigation, simple statistical investigative techniques and case examples.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Identify strategies for implementing team health programs
- b. Explain the necessity for immunity to preventable disease for responders.
- c. Describe the rudiments of information needed to assist in the recognition and management of infectious disease exposures occurring on deployment.
- d. Discuss the working relationship between Occupational Health and Epidemiology in support of the response team.

Response Teams Clinical Track  
Nevada 3 & 4

- 68 Hydration and Heat Related Stress: Beyond the Dogma  
1330-1500 hrs.  
Mike Olinger, M.D.

As medical officers on tactical operations, one of our greatest responsibilities is protecting the health and mission readiness of the tactical team members. During operations in hot and humid environments, team members are at risk for involuntary dehydration and heat related illnesses.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the concept and the pathophysiology of involuntary dehydration in individuals exercising or working in hot environments.
- b. Discuss evidence based strategies to prevent and treat involuntary dehydration.
- c. Explain some of the risks involved in improper rehydration.
- d. Dispel some of the fallacies in the classic dogma of heat related illness.

DMORT Morgue Track  
Nevada 9 & 10

- 69 Anthropology  
1330-1500 hrs.  
Harrell G. King

This session will describe anthropological guidelines for operating in disaster situations utilizing the DPMU equipment to meet the mission needs.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the role of anthropology in DMORT operations.
- b. Explain some methods used by this function in the field.

Mental Health Track  
Crystal 3 & 4

- 70 Mental Health and Terrorism Response  
1330-1500 hrs.  
Joyce LiBethe, Ph.D.

Acts of terrorism are unparalleled in their potential for undermining the psychological stability of our country. We now live in a time when all mental health professionals must be ready to meet the challenges ahead. This session will explore preparedness and response to terrorism with an emphasis on at-risk populations, coping mechanisms, effective interventions, phases of recovery, and lessons learned from 9/11 and the Oklahoma City bombing.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Plan for mental health response to terrorist attacks.
- b. Identify at-risk populations.
- c. Recognize phases of recovery and appropriate interventions.

Disaster Research Track  
Silver State 3

71 Medical Systems in Disasters  
1330-1500 hrs.

This three-part session will review the capacity of the medical system for disaster response including knowledge, attitude and practice of health care providers, hospital capacity, and collaboration with other partners in the health system.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe GIS systems to rapidly estimate populations in emergency situations.
  - b. Discuss leveraging existing RN call centers to establish a virtual infectious disease surveillance network.
  - c. Identify a mechanism for worried-well to receive timely clinical advice during a bioterrorism incident.
  - d. Discuss some of the lessons that have been identified from hospital disaster drills.
- 
- a A GIS-based System for Rapid Population Assessment in Complex Humanitarian Emergencies  
Kija Kim
  - b Infectious Disease Surveillance and Response: Using Telephone Triage techniques to improve the standard of care for Influenza, and Influenza-like Illnesses such as West Nile and Anthrax  
Mary Moorhouse, BSN, RN, CRRN, CLNC  
James Burns
  - c Hospital Disaster Drills: Lessons Learned  
Sam Stratton, M.D.

Systems Overview Track  
Nevada 5

72 Evidence-based Disaster Planning, Part One  
1330-1500 hrs.  
Erik Auf der Heide, M.D.

This session delves into the disaster research for insights that affect (or should) disaster planning at all levels.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe some common myths and misconceptions often found in disaster plans.
- b. Explain some of the data that has suggested new approaches to planning.

DMORT Training Track (Invitation only)  
Silver State 1

The Assistance Role of DoD Mortuary Affairs (MA) Assets in a Chemical, Biological, Radiological, Nuclear and High Explosive (CBRNE) Mass Fatality Incident Response  
1330-1500 hrs.  
John Nesler

This presentation will explore the current thinking of how DoD MA resources may assist in the federal response of a CBRNE Mass Fatality Incident. It will approach this undertaking by examining the following questions: Who is JTF-CS and what do they do? Why would DoD be assisting in a Mass Fatality Incident Response? What is the Military Doctrine for MA operations? What does an overview of the current DoD MA community look like? What kind of MA assistance might be requested in a CBRNE incident? Who and what types of units might be called to conduct DoD MA assistance? What is DoD's overall suitability for each of the potential mission requirement? What are some of the critical DoD MA support issues? A summary assessment of DoD MA resources and their ability to provide assistance in a CBRNE response environment will conclude the presentation.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the role DoD mortuary affairs play in major disasters.
- b. Explain what the Joint Task Force(s) - Civil Support do.
- c. Discuss some of the unique resources that DoD can bring to bear during a mission.

Break  
Hilton Pavilion  
1500-1600 hrs.

Emergency Management, Public Health, Clinical Care, Health Systems,  
Military Support/FCC and Management & Coordination Tracks  
Reno/Tahoe

73 Dirty Bomb Case Study and Discussion  
1600-1730 hrs.  
Fun Fong, M.D.  
Larry Flesh, M.D.  
Tom Schumacher  
Bill Blakely, Ph.D.

A radionuclide dispersal device response scenario concentrating on federal response will be covered chronologically within an interactive discussion with audience and panelists.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the potential hazards associated with a "dirty bomb."
- b. Explain the response to a situation of this sort.

Response Teams Operations and Clinical Tracks  
Nevada 6 & 7

- 74     DMAT Support to Wildland Firefighting  
1600-1730 hrs.  
David Lipin (moderator)  
Rich Just  
Ken Miller, M.D.  
Ellery Gray, Ph.D.  
Carl Gilmore

Session will explore some of the major wildfire events of 2002 and previous years, focusing on the organizational response, operations, and provision of medical care, team prospective, and the use of DMATs for these responses. Session will include experiences & lessons learned from California Department of Forestry and Fire Protection / DMAT Wildland Fire Project, Florida and New Mexico Wildland Fires.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a.     Describe some of the interagency agreements that have incorporated DMATs into fire response.
- b.     Describe operational set-ups that best supported medical care at fire related disasters.
- c.     Explain some of the unique requirements of providing medical care in support of fire response.
- d.     Recognize logistics, equipment, pharmaceutical supply & personal protective equipment common to medical unit response.
- e.     Discuss training, liability, and personnel allocations.
- f.     Describe some of the events or agreements that may require medical care of civilians as well as fire & support personnel.

DMORT Morgue Track  
Nevada 9 & 10

- 75     Pathology  
1600-1730 hrs.  
Joyce deJong, M.D.

The goals of the forensic pathology section during a DMORT operation include: (1) Removal and description of personal effects and clothing. (2) Evaluation and documentation of identifying features to support positive identifications, generate presumptive identifications, and occasionally provide identities. (3) Assistance of law enforcement and other investigating agencies with collecting and documenting evidence (4) Performing autopsies, as requested/indicated by the local coroner or medical examiner. How these goals are efficiently and effectively accomplished is examined.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a.     Explain the role and function of the pathology section within a field DMORT operation.
- b.     Describe the methods used in this functional area.

Mental Health Track  
Crystal 3 & 4

- 76     Playing with Panic  
       1600-1730 hrs.  
       Joyce LiBethe, Ph.D.

Mass hysteria is always a fear when disaster occurs or the threat of a disaster seems near. Making the fear of the unknown less fearful is a true talent. This session will help you develop that talent as you learn to techniques to calm the public and to help bring into perspective their fear and feelings of the unknown.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a.     Identify the impending onset of mass hysteria.
- b.     Explain two techniques to help calm fears of the public.
- c.     Discuss reasons why the fear of a traumatic event from the general population's perspective.

Disaster Research Track  
Silver State 3

- 77     International Perspectives  
       1600-1730 hrs.  
       Mark Stinson, M.D.  
       Fadi Essmaeel, M.D.  
       Steve Jensen

This presentation will compare and contrast the U.S. vs. other western nation's response to international disasters and medical and health aspects of warfare and terrorist activity. It will address the current status of recent and ongoing research into international disaster response and review disaster response modeling with emphasis on outcome data analysis.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a.     Discuss the primary differences in U.S. and other Western nation's response to international disasters.
- b.     List 3 current research projects in international disaster response.
- c.     Define disaster response modeling and state the importance of outcome data analysis.

Systems Overview Track  
Nevada 5

- 78     Israeli and U.S. Approaches to Chemical Casualty Decontamination  
       1600-1730 hrs.  
       Carol Hall (moderator)  
       Guy Caspi  
       Anthony Macintyre, M.D.

This session will compare and contrast Israeli and U.S. strategies for managing the decontamination of casualties contaminated with chemical weapons.



Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain the components of a response to a situation involving chemical contamination from the Israeli and U.S. perspectives.
- b. Describe the similarities and uniquenesses of the two approaches.

Tuesday Evening:

On the Town

South Entrance (Bus Terminal)

Buses will be staged at 5:45pm and are scheduled to begin their "round robins" of downtown at 6:00pm and finish at 12pm midnight. Maps and restaurant recommendations are in the registration packet. Shuttles will depart every 15 minutes for the first hour and then will be on an as returned basis.

Wednesday, March 12<sup>th</sup>

Registration

Hilton Pavilion

0730 – 1700 hrs.

Continental Breakfast

Nevada Foyer

0630 – 0800 hrs.

Wednesday Morning Concurrent Sessions

Emergency Management, Public Health, Clinical Care, Health Systems, Military Support/FCC, Management & Coordination, Response Teams Operations and Systems Overview Tracks  
Reno/Tahoe

79 Earthquake Case Study and Discussion

0800-0930 hrs.

Jeff Rubin (moderator)

Lisa Angell, RN

Richard Eisner, FAIA

Irving "Jake" Jacoby, MD, FACP, FACEP

William D. Piggott, M.D.

Daniel R. Smiley, MPA

Although the country is today focused on the threat of terrorism, according to seismologists the odds of a catastrophic earthquake impacting a major metropolitan area in the United States is significantly higher than previously thought. Our only historical basis for such an event is the great San Francisco Earthquake of 1906. Today, with a four-fold increase in the nation's population and the daily discovery of new fault systems, tens of millions of Americans are now at risk. A catastrophic event would simultaneously kill and injure tens of thousands, displace hundreds of thousands for significant periods of time and destroy the lifelines and infrastructure critical to a modern society. The successful interaction of dozens of governmental and relief agencies along with the private health care community will be critical to the provision of medical and public health services in the days, weeks and months following such an event. This session will focus on the required coordination and integration of these entities in the implementation of a national incident response/recovery strategy as delineated in local, State and Federal disaster plans.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the environment in the impacted areas following a catastrophic earthquake.
- b. Discuss population needs and activities during the continuum of the response/recovery effort.
- c. Understand the response actions of critical healthcare providers, governmental and relief organizations in the provisions of lifesaving services to disaster victims.

#### Response Teams Operations Track Nevada 1 & 2

80 Deployment Safety & Security: Protecting your Personnel and Equipment  
0800-0930 hrs.  
Robert F. Boomhower  
John Hannon  
John Gaffney, EMT/P

This session will give an overview of the security and safety issues that confront team leaders and members prior to, during, and at the conclusion of a deployment. The World Trade Center and Pentagon Attacks demonstrated that personnel and equipment were constantly at risk. This session will discuss issues of personnel safety, transportation, and control of drug and equipment caches during domestic or international deployments, and assessing potential threats to the team. Accountability, security credentialing, interaction with law enforcement, movement within restricted areas and safety monitoring will be discussed. The role of the Safety Officer and the development of an NDMS Response Teams Safety Officer training program will be explored. This presentation will discuss concepts in team safety programs and promote individual awareness, to decrease the potential for harm or compromise of the team.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Identify security & safety risks inherent to deployments.
- b. Appreciate the basic concepts of accountability, credentialing and assessment of risk.
- c. Discuss the relationship between security and the safety officer and the duties of these positions on the Response Team.
- d. Describe at least three sources of educational and training programs for the Safety Officer.

#### Response Teams Clinical Track Nevada 3 & 4

81 VMAT US&R  
0800-0930 hrs.  
Ben Ho, M.D.  
Barry Kellogg, V.M.D.

In the past few years, extraordinary public attention has been directed toward the use of search and rescue dogs during disasters. Due to the absence of an approved veterinary position on the FEMA Urban Search and Rescue Teams, the Veterinary Medical Assistance Teams (VMAT) serve as a vital resource during US&R deployments when the search and rescue dogs are deployed. It is important to learn how the two response divisions will function on a joint deployment.

This session will discuss the importance of integrating the US&R and VMAT response teams in the aftermath of disasters. A presentation by a certified FEMA US&R dog handler will discuss the selection, training, and deployment of disaster dogs. It will also serve as a training session for US&R dog handlers on what to do in case of an injury to their canine while in transit to VMAT for veterinary care. This session will give the participants the opportunity to interact with members from other teams in an effort to build relationships prior to an actual disaster response.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Explain how disaster dog teams are selected and trained
- b. Describe the elements of the FEMA US&R disaster dog test and certification
- c. Discuss how US&R and VMAT will interact and complement each other during deployments
- d. Explain the types of VMAT resources.
- e. Describe some of the lessons learned from previous US&R/VMAT deployments

#### DMORT Track Nevada 9 & 10

#### 82 National Transportation Safety Board Update 1330-1500 hrs. Frank Ciaccio

This session concerns the relationship between the National Transportation Safety Board (NTSB) and the Disaster Mortuary Teams (DMORTs). It will describe why the relationship began, events that have shaped how operations are managed, current issues and what advancements are in store for the future.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the mission of the National Transportation Safety Board.
- b. Explain the relationship between NTSB and the National Disaster Medical System.
- c. Discuss working issues over the last twelve months.

#### Mental Health Track Crystal 3 & 4

#### 83 Vicarious Traumatization 0800-0930 hrs. Thomas M. Chegwiddden, MS, MFT

The impact of trauma on the disaster worker is often overlooked. Take the opportunity to learn the theoretical basis of Vicarious Traumatization, its symptoms and impairments. Individual, organizational, and life situation variables affecting the psychological impact of trauma work will also be discussed.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Recognize and identify the impact of trauma on a disaster worker.
- b. Name three symptoms of Vicarious Traumatization.
- c. Identify impaired performance of a disaster worker experiencing Vicarious Traumatization.

Disaster Research Track  
Silver State 3

84 Practitioner as Data Collector  
0800-0930 hrs.  
Mitch Saruwatari  
Hope Seligson

This session will explore the role of the practitioner in collecting data and the apparent conflict between providing service and gathering real-time data in a disaster. Strategies for how to create tools that are easy to use will be reviewed. Researchers will explain how information and data are used.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Define their role as practitioners in collecting data for research
- b. List 3 potential barriers to data collection efforts in the field
- c. List 3 potential strategies for developing instruments for collecting data that are user-friendly and useful for research purposes.

DMORT Training Track (Invitation only)  
Silver State 1

Highly Effective Team Building:  
Getting the Performance You Need, When You Need It  
0800-1100 hrs.  
Dale Currier

While detailed tactical and operational plans adequately address the technical and hardware requirements of the response team, getting the human aspect of the operation running smoothly is often left to chance. The end result? Well-intentioned efforts can produce unpredictable and ineffective results, creating more performance problems to manage when time and effectiveness count the most! Emergency managers and response team leaders who complete this practical, interactive workshop will leave with the proven tools and information to strengthen their "leadership toolbox" resulting in fewer future problems, and tools to effectively deal with them if they do happen.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe some important considerations for individual performance and motivation.
- b. Explain some of the dynamics that groups can create on individuals.
- c. Discuss key aspects of team leadership.

Break  
Nevada  
0930-1000 hrs.

## Emergency Management and Public Health Tracks Reno/Tahoe

- 85     Personal Protective Equipment Regulatory Update  
       1000-1100 hrs.  
       Jonathan Szalajda

The presentation provides a background addressing the specific need to develop standards for respirator standards to protect emergency responders in a chemical, biological, radiological, and nuclear terrorist event, as well as an overview of the standards developed to date.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a.     Describe the inherent differences between NIOSH Industrial Respirator Standards and Military Standards, and why a new set of CBRN standards was developed.
- b.     Explain the process for identifying the specific requirements for the CBRN Respirator Standards.

## Emergency Management Track Carson 1 & 2

- 86     Building a National Incident Management System  
       1100-1200 hrs.  
       Eric Tolbert

The National Interagency Incident Management System (NIIMS) was developed as a result of interagency coordination problems in response to major wildland fires in Southern California. NIIMS debuted in the early 1980s and remains the Nation's standard because it brings an Incident Command System together standardized training, qualification and certification, supporting technologies and publications management. Many adaptations have been made from the "wildland firefighting model" for various public safety disciplines, most of which retain the organizational structure, but lack other important elements. Thus, coordination of inter-agency operations have improved over the past 30 years, but a single national, all-risk incident management system is still needed. This session will provide a view of current initiatives to establish such a system.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a.     Describe the background of the development of Incident Command System(s) in the U.S.
- b.     Explain the problems still encountered on disaster sites and how these might be reduced.
- c.     Discuss activities underway to develop a national incident system system.

## Public Health Track Reno/Tahoe

- 87     West Nile Virus Update  
       1100-1200 hrs.  
       Daniel R. O'Leary, DVM, DACVPM

The 2002 West Nile virus epidemic was the largest arboviral meningoencephalitis epidemic/ documented in the western hemisphere. Through November 30, 2002, West Nile virus activity was reported from 44 states and the District of Columbia to ArboNET, a web-based, surveillance data network maintained by 54 state and local public health agencies and CDC. A total of 3,389 human patients with verified evidence of recent WNV infection were reported from 37 states and the District

of Columbia. The median age was 55 years (range: 1 month—99 years); 1,150 (54%) were male. A total of 116 human deaths have been reported. The median age of decedents was 79 years (range: 27—99 years). In addition, 7,719 dead crows and 6,403 other dead birds with WNV infection were reported from 42 states, New York City, and the District of Columbia; 9,144 WNV infections in mammals have been reported from 38 states. During 2002, WNV seroconversions were reported in 366 sentinel chicken flocks from four states and New York City; 4,943 WNV-positive mosquito pools have been reported from 28 states.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Discuss key features of the epidemiology and ecology of West Nile virus (WNV).
- b. Summarize WNV activity in North America in 2002
- c. Describe some of the evolving investigations into recently identified mechanisms of WNV transmission.

## Clinical Care Track

### Crystal 1 & 2

88 Emergency Isolation and Treatment Shelter:  
A Solution to Bed Surge Capacity caused by Infectious Disease  
1100-1200 hrs.  
Eric Poach

Every MMRS has had to face the challenge of what type of facility to use in the event that their local hospital bed capacity was suddenly overwhelmed as a result of large numbers of casualties that resulted from an attack using a biological agent. The traditional sites chosen such as schools, auditoriums and hotels have intrinsic limitations because they were not designed to provide patient care and because of exclusionary limits from the insurance industry those facilities may never be used again.

This presentation will discuss the concept of using a facility that is constructed of low cost recycled fiberglass and plastic panels originally designed for the housing industry and assembling them on short notice into a facility or facilities that can house and treat infected patients, assure isolation during treatment, and be a low cost solution to the problem of decontamination of the facility.

In addition this presentation will discuss the essential MMRS components needed, such as outbreak surveillance, analysis of intelligence information, composition of Shelter Strike Teams and integration with public safety to assure prompt deployment, plus details of the other uses of the facility as disaster housing units, community clinics for treatment or immunization and as command and control facilities for public safety.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Compare and contrast the advantages and disadvantages of the use of an EITS as opposed to the use of already existing structures.
- b. Describe the essential elements needed for the use of an effective EITS program, including a disease surveillance program and development of a Shelter Strike Team.
- c. Explain some other uses of an EITS.

Health Systems Track  
Carson 3 & 4

- 89 Hospital and Emergency Department Design for the Multi-threat Environment: A Multi-objective Optimization Approach (ER-1)  
1000-1100 hrs.  
LCDR. Hilda Sharen (moderator)  
Michael Pietzak, M.D.

Project ER One, funded by the Office of Emergency Preparedness, is chartered to develop design advancements to enable emergency departments to be more secure and effective in the face of threats from disasters, epidemics and terrorism. Generic design concepts, features and specifications were developed in Phase I of the Project. Phase II of Project *ER One* initiated the development of a prototype design study for a demonstration facility. The presentation will review the key features and solutions incorporated in the design study and the logic for the specific solution chosen. Animated images and computerized modeling will demonstrate some design analysis capabilities as well key functions of the facility.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the concepts of threat assessments and vulnerability analyses to design application.
- b. Explain the use of modeling techniques in design decision-making.
- c. Discuss ways to select various design features and technologies and apply them to meet your facility's design objectives.
- d. Identify some of the latest design concepts for medical facilities that have a major role in medical consequence management.

- 90 Preparing Staff  
1100-1200 hrs.  
Craig Thorne, M.D., MPH  
Anthony Macintyre, M.D.

In today's hospital environment, emergency response planning must be integrated into everyday operations. Hospitals are already stretched from an insufficient number of beds to staffing shortages. In a disaster, additional concerns will impact your normal operations and planning for the impossible is now an issue hospitals must address. The speakers will discuss recommendations for education and preparedness for both clinical and non-clinical staff.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Review the critical issues hospital face for disaster planning in today's world.
- b. Discuss the common concerns faced by both clinical and non-clinical hospital workers.
- c. Understand how to involve workers in preparing training programs
- d. Evaluate how effective training programs are in influencing worker's attitudes and knowledge about emergency response plans

Clinical Care, Military Support/FCC, Management & Coordination, Response  
Teams Operations and Clinical Tracks  
Nevada 6 & 7

- 91 Casualty Collection, Holding & Regulating Strategies  
1000-1100 hrs.  
Jeff Rubin  
Irving “Jake” Jacoby, MD, FACP, FACEP  
MAJ. Rick Miles

This session will provide attendees with the latest strategies for casualty collection, patient staging, medical regulating and aeromedical evacuation.

Behavioral Objectives: At the end of the session, participants will be prepared to:

- a. Describe the State of California’s perspective and preparedness for moving patients from an area without adequate definitive care capabilities.
- b. Explain how the military would implement patient movement operations.

Military Support/FCC and Management & Coordination Tracks  
Nevada 6 & 7

- 92 Patient Reception and Re-Distribution  
1100-1200 hrs.  
Luis Carreras  
TSgt. Scott Thresher

A critical element of the FCC’s role is to coordinate the reception and redistribution of patients arriving in the patient reception area (PRA). Patients will be regulated and transported to the PRA based upon reported inpatient capability and capacity of the participating NDMS area hospitals. However, it is the role of the FCC to marshal and coordinate the local assets to receive the patients, determine the most appropriate hospital to which they are to be admitted, and transport the patient to that facility. Patient reception planning and execution is critical in that resources that are available to process arriving patients, and not simply available bed capacity, will ultimately determine the maximum number of patients that may be regulated to an NDMS area within a 24-hour period. This session will focus on the essential activities that need to be incorporated into the development of a local patient reception plan, sources of information available through the USTRANSCOM Regulating and Command and Control System (TRAC<sup>2</sup>ES) to assist with hospital selection, and elements necessary to prepare for patient arrival at the land, aerial or water port. It will also highlight limiting factors that will ultimately determine numbers of patients that may be able to be processed at the reception area during a given time period.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Develop a local Patient Reception Plan.
- b. Determine the type and sources of patient data available to assist the reception team in assigning patients to local NDMS hospitals.
- c. Become familiar with at least one locally developed system to track patients on arrival.
- d. Determine “Throughput” capability.



Response Teams Clinical Track  
Nevada 3 & 4

93 Special Medical Needs  
1000-1100 hrs.  
Lew Stringer, Jr., MD

This session will provide information about the Special Medical Needs populations and their needs during a disaster, what communities should do in planning, actions needed before, during and after a disaster, and also what NDMS response teams need to know to provide services for these people after an event.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Define who special medical needs patients are.
- b. Explain some approaches to prepare for managing this population if a disaster affects your area.
- c. Describe how to set up and operate an alternate care facility

94 Metrolink Train Crash  
1100-1200 hrs.  
Kenneth Miller, M.D., Ph.D.

On April 23, 2002, a freight train collided with a commuter train in an urban area of Orange County, CA, ultimately resulting in the triage, treatment and transport of 162 victims. Although mass casualty exercises are conducted quarterly and smaller multi-victim incidents are common, this is the first 100+ victim incident in Orange County in recent memory. As such it was the first time many elements of the mass casualty plan were used in an actual incident. There were 2 fatalities with 21 immediate, 65 delayed and 76 minor triage categories by START criteria. Considering the extensive preparations for weapons of mass destruction mass casualty planning, this incident helped to reveal operational components of the County's mass casualty plan that need further refining. This presentation will discuss the EMS operations and victim movement at the incident and present concepts including: primary and secondary triage, hospital communications, START Triage validation, optimal utilization of hospital and trauma center resources and handling of critical specialty patients as burn, trauma and pediatric, preplanning initial hospital victim capacity and surge capacity.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Discuss the organization and operations of victim triage, treatment and transport during a large multi-casualty incident.
- b. Review FIREScope Multi-casualty Incident Command.
- c. Review START Triage, its application outside of trauma and existing validation study results.
- d. Discuss the use of secondary triage to optimize trauma center resource utilization.
- e. Discuss hospital resource utilization for trauma, burn and pediatric patients.
- f. Discuss hospital initial victim receiving capacity and surge capacity.
- g. Review hospital incident command (HEICS) and its effects on field operations.

DMORT Morgue Track  
Nevada 9 & 10

- 95 Mass Fatality Incident Response and Fingerprint Identification  
1000-1100 hrs.  
Art Bohanan

This session will provide an overview of the identification of victims by fingerprints. The attendees will learn that fingerprint identifications are possible even when bodies are recovered in a variety of conditions. They will learn how the fingerprints are recovered and the identification completed for a POSITIVE identification.

Behavioral Objectives: At the end of the session, participants will be prepared to:

- a. Describe the process of fingerprint identification in DMORT operations.
- b. Explain some of the technologies used in fingerprint identification.

- 96 The Role of DNA Identification in Mass fatality Incidents (Gregory)  
1100-1200 hrs.  
David A. Boyer, MFS

This course is designed to provide an overview of the DNA identification and reassociation processes in mass fatality incidents, illustrate capabilities and limitations of DNA technology in that environment, and compare DNA results in recent mass fatality incidents to other more conventional identification means.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Understand the concept of identifying human remains by comparing DNA from unknown remains to direct and family references
- b. Delineate responsibilities of participating agencies in collecting, analyzing, and identifying DNA evidence
- c. Identify constraints limiting DNA results in mass fatality incidents
- d. List appropriate direct references and suitable family references of surviving kin for comparison
- e. Recognize selection criteria of intact and fragmented human remains for DNA testing

Mental Health Track  
Crystal 3 & 4

- 97 Self-Care for Stress Inoculation  
1000-1100 hrs.  
Thomas M. Chegwiddden  
Leslie Chegwiddden, Ph.D.  
Nancy Brown  
William Phillips  
Linda Constant

You are more useful to the disaster victims if you take the time to take care of yourself. This segment focuses on prevention and coping with Vicarious Traumatization. Great for young disaster workers or long time veterans of disasters. Come learn or renew yourself in the techniques of stress management, burnout prevention, and imagery/cognitive focusing techniques. Learn to design an individual coping plan through the use of personal, organizational, and professional resources for coping.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Identify two strategies to aid in preventing stress.
- b. Name four techniques to decrease stress during disaster work.
- c. Design an individual coping plan to reduce effects of stress.

98     Combat Stress Control  
       1100-1200 hrs.  
       James William Stokes, COL, MS, USA  
       Philip Gruzalski

With the certainty that NDMS will again deploy teams to incidents involving both mass casualties and fatalities, and the probability that some of these will involve toxic chemicals, biological epidemics, or radioactivity; it is essential to plan to mitigate the impact of extreme stress on team members during and after the event. The U.S. Military Combat Stress Control (CSC) practices can be adapted to address the impact of such stress in civilian as well as military responders, thereby maintaining optimal team response capabilities. At the WTC, IL-2 applied CSC principles and training to the FEMA US&R civilian teams.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Describe the likely stressors and their affects in a major WMD terrorist event
- b. Discuss the evolution and use of CSC in the Military, including future homeland security missions
- c. Explain the application of CSC at WTC
- d. Describe the potential use of CSC for NDMS and other emergency civilian teams.

Disaster Research Track  
Silver State 3

99     Public Health System as an Emergency Responder  
       1000-1100 hrs.  
       Mary Davis, Dr.PH, MSPH  
       Kristine Gebbie, Dr.PH, R.N.

This session will explore current research on the public health system as a component of the emergency response system. Example topics may include surveillance systems, public health competency, and assessments of bioterrorism preparedness on the state and local level.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Describe the development and implementation of a public health workforce training needs assessment survey
- b. Discuss preliminary finding from the public health workforce training needs assessment survey relevant to public health emergency response system.
- c. Describe the content of the competencies for emergency preparedness and bioterrorism for public health.

100 Research on First Responders  
1100-1200 hrs.

a Research on First Responders  
James Kendra, Ph.D.

This session will explore the current research on first responders including firefighters, search and rescue teams (including dogs), law enforcement, and emergent and convergent volunteers.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Define the phenomenon of emergent groups in a disaster situation
- b. Define the phenomenon of convergence in disaster situations
- c. Describe the similarities and differences found in emergence and convergence in the WTC disaster as compared to other disasters.

b Large Animals in Disaster Rescues—Brain over Brawn  
Rebecca Gimenez, PhD, VMAT-3

Large Animals (horses, cattle, etc) require specialized rescue methods that take into account their prey instincts and stress responses, as well as their large size and powerful reactions – yet they can be delicate to handle medically. A review of videotaped rescues (as commonly shown on TV) has revealed numerous lapses in attention to patient protocols, responder safety and conduct on scene, and lack of knowledge of equipment that is easily available to conduct these rescue situations in an efficient and safe manner.

Large animal emergency rescue situations require a TEAM approach and must be based on the use of the incident command system to affect a safe rescue for victim and responders. VMAT is perfectly organized to be able to meet this challenge.

This session will focus on basic methods for removal of large animals (particularly horses) from common scenarios that will be encountered in a disaster environment – namely overturned trailers, animals stuck in mud, or fallen into a ditch/septic tank/pool/hole . Equally important is learning that there are simple, low risk alternatives available to VMAT personnel who understand the essential rules of technical rescue – where helicopters and fancy equipment may be unnecessary.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Understand that methodologies, training and equipment in this area have greatly improved over the last decade.
- b. Be familiar with the basics of large animal behavior, avoiding the use of the legs and head as handles, and safety concerns in rescue situations.
- c. Be familiar with the basics of large animal emergency rescue techniques and methods of extrication of large animals.
- d. Understand why a team approach is the only safe way to conduct a large animal rescue.

Systems Overview Track  
Nevada 5

- 101 Evidence-based Disaster Planning, Part Two  
1000-1100 hrs.  
Erik Auf der Heide, M.D.

This session explores some epidemiological data from major U.S. disasters and applies this knowledge to valid assumptions for disaster planning.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe some injury and illness data from major U.S. disasters.
- b. Explain how this data can be applied to disaster planning.

- 102 Noble Training Center  
1100-1200 hrs.  
John Hoyle

The Noble Hospital Training Center presents instruction to emergency health and medical services professionals on a range of topics dealing with weapons of mass destruction and patient management in the definitive care setting.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Describe the mission of Noble Training Center.
- b. Explain some of the training programs offered at Noble and how they differ from courses available in most communities.

DMORT Training Track  
Silver State 1

In Moemory of Tom  
1100-1200 hrs.

This session is dedicated to the memory of Tom Shepardson, DMORT Founder, National Commander and one hell of a great guy.

Special Event: Luncheon  
Hilton Pavilion  
1200-1330 hrs.

- 103 Queecreek Mine Rescue  
1230-1330 hrs.  
Kevin Yeskey, M.D.  
Nick Colovos, M.D.  
Rodney Shabbick  
Bill Hamilton, EMT/P

To many of us across the United States, and for that matter, across the world, the Queecreek Mine Rescue gave us back some of the hope we lost in the fall of 2001.

The presentation will cover the following areas regarding the rescue: the incident particulars,

the unique medical problems, for example, decompression illness 240 feet underground, and the interaction with the US Navy; the incident management structure, the constantly changing situation and the decision process; and how the plan was implemented at the “nuts and bolts” level – thinking outside the box, where experience meets opportunity.

Behavioral Objectives: At the end of the session, the participant will be prepared to:

- a. Provide an overview of the Quecreek mine rescue.
- b. Explain some of unique challenges faced by rescuers.
- c. Discuss some aspects of the incident medical plan.

## Wednesday Afternoon Concurrent Sessions

Emergency Management, Public Health, Clinical Care, Health Systems and Systems Overview Tracks  
Reno/Tahoe

104 Looking back~Learning from 9/11  
1330-1500 hrs.  
Mark Ackermann  
Terry Miles  
Sam Benson

The lessons learned from the events of 9/11 will shape hospital disaster planning for many years to come. The speakers will review the critical events they faced on that day as well as the days and months that followed. Practical guidance for strengthening your response plan will be offered. Topics to be discussed include patient tracking, evidence collection, vendor utilization and family assistance.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Review the critical lessons learned from 9/11 and how these may be incorporated into current planning efforts
- b. Discuss the role of the hospital provider in evidence collection and working with law enforcement
- c. Review the need for a family assistance program at your facility and the key components to its success

Military Support/FCC Track  
Silver State 2

105 Federal Partners Update  
1330-1500 hrs.  
Michael Feeser

This session will be presented and facilitated by the members of the newly established Federal Coordinating Center (FCC) Coordination Group. The FCC Coordinating Group was chartered in the fall of 2002 by the NDMS Directorate Staff to address topical issues specific to the role and functioning of FCCs within the NDMS. In addition, the FCC Coordination Group also will function as an advisory group to the Director of NDMS for operational issues upon NDMS activation. During this session members of the group will discuss their charter, progress to date, and present and future role with regard to issues, functions, roles and responsibilities of the FCC. A major portion of the session will be devoted to an “open forum” to receive and provide feedback to participants regarding FCC related issues and concerns.

Behavioral Objectives: At this end of this session, the participant will be prepared to

- a. Identify the members and functions of the FCC Coordination Group.
- b. Become acquainted with current efforts to address issues and areas for improvement of FCC operations.
- c. Identify problems and issues that can or will affect the effectiveness of FCCs in fulfilling their roles and responsibilities.

#### Management & Coordination Track Nevada 6 & 7

106 TRANSAID: A Patient Tracking Tool  
1330-1500 hrs.  
Ed Sommerfield

This presentation will explain the design and use of the “TRANSAID-MCI (TRANSpotation AID-Mass Casualty Incident) Computer Program as a “public domain” tool for patient tracking and other logistical management purposes. There will be ample time for audience interaction.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the structure and function of the TRANSAID model.
- b. Explain the basic data requirements of an effective patient tracking tool..

#### Response Teams Operations and Clinical Tracks Nevada 3 & 4

107 U.S. Navy Hospital Ships – Unique, Flexible and Capable  
1330-1500 hrs.  
Captain John D. Malone

Session will explore the collaborations with USNS Mercy and the potential medical management of civilians in catastrophic events with augmentation by DMATs.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the capabilities of the U.S. Navy Hospital Ships (USNS MERCY and USNS COMFORT) and utilization in disaster response.
- b. Explain the use of civilian response teams aboard ship.
- c. Discuss the logistical and operational aspects of shipboard medical care.

#### DMORT Morgue Track Nevada 9 & 10

108 Odontology  
1100-1200 hrs.  
Doug Yauch

This session will explain how the DPMU equipment and WinID software to are used to meet mission goals for forensic dentists in disaster situations.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the role of the forensic dentist in DMORT operations.
- b. Explain some of the technologies used in forensic dentistry in the field.

#### Mental Health Track

##### Crystal 3 & 4

109 Grief Knows No Time  
1330-1500 hrs.  
Paul Clements, Ph.D.

Grief takes time, but more importantly, it often knows no time. The effects of the attacks on America are far-reaching and continue even today. Revealed here are lessons learned from the bereaved and the healing people of our country.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Describe the variety of effects created by events such as September 11, 2001.
- b. Explain some of the signs and symptoms of mental health illnesses caused by traumatic events.
- c. Discuss the role of the crisis counselor in these situations.

#### Disaster Research Track

##### Silver State 3

110 Disaster Research Track Wrap-up  
1330-1500 hrs.  
K. Joanne McGlown, RN, Ph.D.

This session provides an overview of the highlights from each speaker and topic presented during the 3-day Research Track. For those who couldn't attend all sessions, the most important points will be summarized in concise fashion.

Behavioral Objectives: At the end of this session, the participant will be prepared to:

- a. Identify the current topics being addressed by the emergency /disaster medical research community
- b. State at least three new results from research conducted over the last year in this field that will benefit operations in your region, state or nation.
- c. List the steps and important factors involved in conducting good disaster medical research and know how to apply these lessons to personal research projects or project results for review.



Wednesday Afternoon General Session  
Reno/Tahoe

- 111 Impacts of the National Smallpox Strategy:  
Reports from the Focus Groups  
1515-1600 hrs.  
Ann Stangby, R.N. (moderator)  
Panel of Focus Session Moderators

During this session, you will learn more about the multitude of issues surrounding the national smallpox pre-incident vaccination effort and how it affects our country's ability to respond. Following the presentations from each of the eleven focus group facilitators, NDMS partner agency representatives will respond to some of the key issues raised.

NDMS Partner Comments  
1600-1630 hrs.  
NDMS Partner Agency Representatives

Adjournment

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368 Pleasant View Drive, Lancaster, NY 14086-1397  
Phone: 716-684-8060  
Fax: 716-684-0844  
<http://www.ene.com>

*E & E provides anti-terrorism support from 24 homeland offices, plus worldwide affiliates. Our services include: vulnerability assessments; risk, preparedness and emergency response management; environmental monitoring; laboratory analysis; first responder training.*

ELSEVIER/MOSBY  
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Fax: 215-238-6445

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BOOTH: 508  
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Martinsburg, WV 25401  
Phone: 304-264-4835  
Fax: 304-264-4499  
<http://www.va.gov/emshg>

*Emergency Management Strategic Healthcare Group (EMSHG) is responsible for national contingency missions for the Veterans Health Administration (VHA), such as Veterans Administration (VA) and VA-DOD Contingency, and VA's role in NDMS, FRP, WMD and other catastrophic events.*

EMS MAGAZINE AND ADVANCED RESCUE  
TECHNOLOGY  
BOOTH: 506  
7626 Densmore Avenue, Van Nuys, CA 91406  
Phone: 800-224-4367  
<http://www.emsmagazine.com>

*EMS Magazine and Advanced Rescue Technology offer information for prehospital professionals, including EMT's, paramedics, first responders and rescue personnel. Content includes clinical and technical articles.*

ENERGY STORAGE  
TECHNOLOGIES, INC.  
BOOTH: 104  
7610 McEwen Road, Dayton, OH 45459  
Phone: 937-312-0114  
Fax: 937-312-1277  
<http://www.estglobal.com>

*EST provides products for pharmaceutical and biomedical storage and transport of temperature sensitive supplies. These systems can be totally independent of grid power in emergency, military, and civil defense situations.*

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BOOTH: 300, 400  
385 East Drive, Melbourne, FL 32904  
Phone: 800-337-6664  
Fax: 321-308-2930  
<http://www.fernomir.com>

*Ferno Major Incident Response (MIR) manufactures and distributes incident command, rescue, medical and hazmat/chem-bio decon products to civilian and military organizations who respond to disasters.*

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Phone: 800-772-6733

Fax: 800-772-7702

<http://www.fishersafety.com>

*As one of the nation's leading distributors of products and training services for Occupational Health and Safety, Disaster Preparedness and Controlled Environment markets, Fisher Safety carries over 64,000 products supplied by over 1,000 of the world's most respected safety, disaster preparedness and controlled environment manufacturers.*

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Phone: 800-977-2782

Fax: 916-786-8440

<http://www.fleetwoodmedical.com>

*Fleetwood Medical develops and markets medical/surgical devices worldwide to hospitals, physicians, pharmacists, veterinarians, EMT's, paramedics, including scissors, forceps, clamps, disposable nasal balloon for controlling severe nosebleeds, medical depilatory kit.*

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Phone: 800-876-4242 x2348

Fax: 859-266-1608

<http://www.galls.com>

*Galls is a single-source supplier for law enforcement, security, corrections, military, fire and emergency medical personnel. We outfit departments and agencies across the United States and around the world.*

#### GENERAL PHYSICS CORP.

BOOTH: 520

6095 Marshalee Drive, Suite 300, Elkridge, MD 21075

Phone: 410-676-0881

Fax: 410-676-0883

<http://www.gpworldwide.com>

*General Physics Corp. (GP) is a global provider of performance improvement services including nuclear, biological and chemical preparedness assessments, training and emergency management plans to the healthcare industry.*

#### GETS (GOVERNMENT EMERGENCY TELECOMMUNICATIONS SERVICE)

BOOTH: 317

15000 Conference Center Drive, Chantilly, VA 20151

Phone: 703-818-5403

Fax: 703-818-5947

*GETS enables designated users of Federal, State, and Local government, and non-government National Security/Emergency Preparedness-related organizations with voice, facsimile, and dial-up MODEM data communications during crisis and emergency situations using existing Public Switched Network resources.*

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BOOTH: 211

P. O. Box 51648, 301 Oakbrook Lane, Suite 395, Summerville, SC 29485

Phone: 843-832-4343

Fax: 843-832-4443

<http://SelltotheFeds.com>

*GMI is a consulting group specializing in presenting new and innovative products to the U.S. Government. Our current customers include, but are not limited to, Nonin Medical (pulse oximeters), Infusion Dynamics (mini-I.V. pump), HemCon (hemorrhage control bandage), Aspen Water (water purification systems), Prismedical (field prepared IV).*

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15009 W. 101st Terrace, Shawnee Mission, KS 66215

Phone: 800-637-8525

Fax: 913-888-4947

<http://www.gcckc.com>

*Publishers of the Guide To Emergency Preparedness™, fully customized emergency and safety quick reference directories. Easily updateable, durable and proven in a wide variety of applications.*

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INTERNATIONAL TRAUMA  
& DISASTER INSTITUTE  
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1135 Tremont Street, Suite 900, Boston, MA 02472  
Phone: 617-535-6481  
Fax: 617-535-6410  
<http://www.hms.harvard.edu/hmi>

*Advanced Disaster Medical Response Manual for Providers A comprehensive handbook for multidisciplinary disaster teams. Topics include mass casualty incident management, public health response to disasters, medical response to terrorism, weapons of mass destruction, and environmental considerations.*

HAZ/MAT DQE, INC.  
BOOTH: 118  
5732 West 71st Street, Indianapolis, IN 46278  
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Fax: 317-295-9822  
<http://www.hazmatdqe.com>

*HAZ/MAT DQE was formed to improve the medical care provided to contaminated patients while ensuring the safety and well being of responding healthcare providers. We employ specialists in Emergency and Disaster Medicine, EMS and HazMat response. We are this country's leading provider of hazardous materials decontamination training and equipment.*

HAZMAT "CAT" MEDICAL  
BOOTH: 427  
P.O. Box 483, New Lenox, IL 60451  
Phone: 800-462-4002  
Fax: 815-485-0113  
<http://hazmatmedical.com>

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Fax: 631-390-8144  
<http://www.henryschein.com>

*We can assist you with your medical emergency preparedness programs by partnering on VMI, medical supply purchases, response packs and on your logistic plans for distributing supplies in an emergency.*

HERTZ CORPORATION, THE  
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3800 Jefferson Davis Highway, Alexandria, VA 22305  
Phone: 703-683-9273  
Fax: 703-683-9175  
<http://www.hertz.com>

*With thousands of locations all over the world, Hertz will be there no matter your need. For Government and leisure rentals at the airport or at over 800 Hertz Local Edition locations, you will find the best service, highest quality cars, and the most competitive rates with Hertz.*

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BOOTH: 605  
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Fax: 703-575-8378  
<http://www.ibasys.net>

*IBA supports the NDMS' Medical Claims Processing System and provides services like Program, Contract, and Financial Management to our many clients. For more information visit [www.ibasys.net](http://www.ibasys.net). IBA – Imagine, Believe, Achieve.*

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*Manufacturer, of portable, mobile, and on board aspirators, Uni-Vent™ series of Automatic Resuscitators, Uni-Vent™ Model 750 Portable Volume Ventilator, Uni-Vent™ Eagle™ Model 754 Portable Volume Ventilator, and Sorensen® Suction Apparatus.*



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19462-1216

Phone: 800-805-1246

Fax: 610-629-6000

<http://www.infusiondynamics.com>

*Infusion Dynamics manufactures the Power Infuser®, a revolutionary miniature infusion pump for controlled rapid IV fluid resuscitation in the field, in transport or in the hospital.*

INTEGRATED MEDICAL SYSTEMS, INC.

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Phone: 562-498-1776 ext. 203

Fax: 562-597-6423

<http://www.LSTAT.com>

*LSTAT is a portable intensive care unit only 5 inches thick, incl. a ventilator, defibrillator, monitor, suction, blood analyzer, infusion pump, batteries, oxygen, and data storage and transmission. Compatible with air, ground and sea vehicles and clinics, LSTAT supports early, continuous and flexible care for disaster response/mass casualty.*

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STRESS FOUNDATION, INC.

BOOTH: 112

3290 Baltimore National Pike, Suite 106, Ellicott  
City, MD 21042

Phone: 410-750-9600

Fax: 410-750-9601

<http://www.icisf.org>

*ICISF is a non-profit, open membership foundation dedicated to the prevention of disabling stress through the provision of: Education, training and support services for Emergency Services and helping professions; Continuing Education and training; and Consultation in the establishment of Crisis and Disaster Response Programs worldwide.*

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Phone: 800-645-9291

Fax: 256-350-3011

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Fax: 800-290-9794

<http://www.life-assist.com>

*Responding to the needs of EMS for over 25 years, Life-Assist has been assisting pre-hospital personnel by distributing only products of consistently high quality and by providing our legendary customer service.*

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Phone: 866-699-5283

Fax: 770-509-5743

<http://www.Lifesavingsystemsinc.com>

*The Oxlator, designed to replace the BVM during extrications and transports, is ideal for special operations, confined space, or toxic rescue. Also, the Mass Casualty O2 Manifold Hard Case provides a "turn-key" O2 solution.*

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Fax: 215-521-8493

*Lippincott Williams & Wilkins is a leading international publisher of professional health information. Proud to offer Medical Response to Weapons of Mass Destruction A Course on Nuclear, Biological, and Chemical Warfare for Healthcare Providers, Interactive Online Course.*

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LABORATORY

BOOTH: 607

Mailstop M997, Los Alamos, NM 87545

<http://www.lanl.gov/orgs/chs/>

*The Los Alamos National Laboratory's Center for Homeland Security provides advanced research and technology, situational analysis, and operational expertise to policy managers, decision makers, and incident responders.*

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BOOTH: 521

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<http://www.meti.com>

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Phone: 800-442-1142

Fax: 425-867-4121

<http://www.physio-control.com>

*Medtronic Physio-Control makes lifesaving tools for lifesaving teams. Ever since we pioneered defibrillation technology nearly 50 years ago, our customers have relied on the innovation, quality and reliability embodied in LIFEPAK™ products.*

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Phone: 443-259-7800

Fax: 443-259-7801

<http://www.meridianmeds.com>

*Meridian manufactures and supplies to first responders auto-injectors that allow trained personnel to quickly and easily self-inject a fixed dose of medication.*

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Phone: 210-822-2310

Fax: 210-804-0836

<http://www.metricanet.com>

*Metrica, Inc. provides hardware, software, training and assistance to support the management of emergency teams and their supplies. We are experts in designing solutions customized to fit users' individual needs.*

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Fax: 770-432-9179

<http://www.mgpi.com>

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Phone: 800-525-9083

Fax: 303-486-6464

<http://www.micromedex.com>

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BOOTH: 700

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Phone: 800-433-5539

<http://www.medicalplastics.com>

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RESCUE TRAINING CENTER

BOOTH: 318

301 Tarrow, College Station, TX 77843

Phone: 979-458-6914

<http://teexweb.tamu.edu/NERRTC>

*NERRTC, a member of the National Domestic Preparedness Consortium, provides training, technical assistance, and exercise support to local jurisdictions and first responders throughout the United States. This is provided through a cooperative partnership with the US Department of Justice - Office for Domestic Preparedness.*

NATIONAL ENVIRONMENTAL HEALTH  
ASSOCIATION  
BOOTH: 606  
720 S. Colorado Boulevard, Suite 970-S, Denver,  
CO 80246  
Phone: 303-756-9090  
Fax: 303-691-9490  
<http://www.neha.org>

*The National Environmental Health Association (NEHA) is a unique educational organization representing all professionals in environmental health (EH) including emergency response professionals.*

NATIONAL MASS FATALITIES  
INSTITUTE  
BOOTH: 114  
Kirkwood Community College, 6301 Kirkwood  
Boulevard, SW, Cedar Rapids, IA 52406  
Fax: 319-398-1250  
<http://www.nmfi.org>

*The National Mass Fatalities Institute provides advanced, comprehensive training to ensure an efficient, professional and compassionate response while assuring the protection of evidence.*

NATIONAL WEATHER SERVICE  
BOOTH: 311  
1325 East-West Highway, Room 3362, Silver  
Spring, MD 20910  
Fax: 301-713-1128

NDMS TRAINING PROGRAM  
BOOTH: 405  
Office of Emergency Response, 12300 Twinbrook  
Pkwy, Ste 520, Rockville, MD 20852  
Phone: 800-872-6367 x942  
Fax: 800-450-3595  
<http://www.oep-ndms.dhhs.gov>

*The Office of Emergency Response has a comprehensive disaster medical preparedness and response-training program for all of their response teams. It is comprised of both Web based and field training.*

NOR E FIRST RESPONSE, INC.  
BOOTH: 500  
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Phone: 800-686-5277  
Fax: 360-647-5906  
<http://www.nor-e.com> or [www.nbcdefense.net](http://www.nbcdefense.net)

*Nor E offers a variety of leading edge mobile decontamination systems & training. Single to eight lane, articulated & air shelter systems, to large scale response self contained trailerized units. Onsite & on-line consulting & training programs. Special note of interest is the IDecon pre/post decon personal care & identity kit.*

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22042  
<http://www.raytheon.com>

*Raytheon Company (NYSE: RTN), with 2002 sales of \$16.8 billion is a leading technology company with innovative solutions. Our Emergency Patient Tracking System solution employs wireless technology to empower effective emergency resource management.*

REDDINET  
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CA 90071  
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*An affordable, multi-channel (Internet and/or Packet Radio) emergency communication system that links hospitals, EMS agencies, fire and law enforcement services together with instant, real-time access to Diversion Status, Bed Availability (NDMS), ioterrorism and other Public Health Surveillance needs, Multiple Casualty Incident management, Amber Alert Notices and other critical information enabling rapid decision making and life saving deployment of emergency personnel and services.*

REEVES GROUP, THE  
BOOTH: 200  
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Phone: 800-328-5563  
Fax: 301-698-1599  
<http://www.reevesdecon.com>

*Leader in producing comprehensive customized modular mass casualty decontamination systems along with Sandia National Laboratories Decon Formulation. Manufacture/distribute rescue and patient transport equipment for local, regional & national first responders.*



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BOOTH: 505

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Phone: 866-537-5467

Fax: 260-352-2044

<http://www.RescueU911East.com>

*Portable triage modules provide safe storage and rapid deployment to quickly handle large scale natural and man-made disasters. MCI, hospital, decontamination, lighting, command, Custom trailer design including conversion & more.*

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BOOTH: 421

8301 Greensboro Drive, Suite 120, McLean, VA 22102

<http://www.saic.com>

*Science Applications International Corporation (SAIC) provides expertise to customers in counter-terrorism, consequence and crisis management, domestic preparedness, homeland security, critical infrastructure protection, weapons of mass destruction (WMD) health effects, and readiness and response.*

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Phone: 800-818-4726

Fax: 541-867-4646

<http://www.samsplint.com>

*SAM Splint the standard for pre-hospital and wilderness care. The SAM OnScene Patient Assessment Guide is a waterproof write and wipe record pad providing assessment questions for emergency situations.*

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BOOTH: 504

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Phone: 203-483-9483

Fax: 203-483-6633

<http://www.sea.com.au>

*Safety Equipment America manufactures and distributes advanced respiratory protection equipment such as Gas Masks and Breath Responsive, Positive Pressure Powered Air Respirators for domestic preparedness personnel.*

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Phone: 540-972-6208

Fax: 540-972-5208

<http://www.sixcontinentshotels.com>

*Six Continents Hotels, the parent company of Holiday Inn, Holiday Inn Express, Crowne Plaza, Intercontinental, and Staybridge Suites, has over 3,200 hotels offering special rates and amenities to government travelers.*

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BOOTH: 215

16420 SW 72nd Avenue, Portland, OR 97224

Fax: 503-639-4538

<http://www.skedco.com>

*Skedco manufactures rescue equipment for confined space, WMD, Haz-mat, tactical, military and water rescues. Some are Sked Stretcher, Oregon Spine Splint, Mass Casualty/Hazmat Sked, Mout Lifeline, and Collapsible Half Sked.*

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Fax: 757-631-2482

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Phone: 307-733-8231

Fax: 307-733-7131

<http://www.statref.com>

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TACTICAL & SURVIVAL  
SPECIALTIES, INC.

BOOTH: 210

P.O. Box 1890, Harrisonburg, VA 22801

Phone: 540-434-8974

Fax: 540-434-7796

<http://www.tacsurv.com>

*Tactical & Survival Specialties, Inc. (TSSI) is a full line distributor of special operations equipment to military, law enforcement, government agencies and corrections worldwide.*

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Phone: 704-529-8400 ext 102

Fax: 704-529-6368

<http://www.telemedicsystems.com>

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Fax: 585-473-2443

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BOOTH: 219

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Phone: 334-826-3006

Fax: 334-826-3008

<http://www.tricon-env.com>

*We offer safety and health equipment and training for exposure protection from incidents involving hazardous materials and WMD agents for First Responders, Law Enforcement, Military, EMS, Fire, Hospitals, and EMAs.*

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Phone: 800-598-9711

Fax: 301-352-8818

<http://www.tvicorp.com>

*Rapidly deployable decontamination systems for weapons of mass destruction. TVI, the industry leader, offers the full range of equipment specifically designed to meet the needs of hospitals and first responders.*

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Fax: 614-442-4226

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Phone: 256-741-3600

Fax: 256-741-3602

<http://www.auburn.edu/research/vpr/noble/>

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BOOTH: 218

5805 Lower Kula Road, Kula, HI 96790

Phone: 808-876-1915

Fax: 808-876-1915

<http://www.venturacampsystems.com>

*Ventura Camp Systems "Cabin Cot" fits onto any military (G.I.) cot. Can be used as a portable triage field bed unit. Weighs less than 4 lbs. collapses down to 22 inches.*

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Fax: 541-923-2836

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Phone: 615-321-4848

Fax: 615-321-4886

<http://www.vrisk.com>

*Visual Risk Technologies, Inc. (VRT) offers software products and consulting services which enable customers to assess and manage the risks associated with man-made and natural disasters.*

VW INTERNATIONAL INC./NDMS FINANCE  
& MANAGEMENT CENTER

BOOTH: 418

8800-C Peartree Village Court, Alexandria, VA  
22309

<http://www.vwi.com>

*VW International, Inc., a small business firm specializing in engineering and management for health care facilities. Core competencies include: master planning, operations & maintenance, automated facilities management, IT services, procurement & acquisition, and document management services.*

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P.O. Box 2729, 830 Wilson Street, Eugene, OR  
97402

Phone: 800-971-7201

Fax: 541-344-7267

<http://www.westernshelter.com>

*Western Shelter Systems provides innovative products and solutions to supporting field activities in a variety of environments. We congratulate the NDMS on a job well done!*

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BOOTH: 415

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Fax: 860-667-2222

<http://www.z-medica.com>

*Z-Medica's QuikClot is a sterile hemostatic treatment that rapidly accelerates coagulation in large wounds, including high-volume venous and arterial bleeding. Tested and currently used by the U.S. military, it is now available to first responders.*

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Phone: 800-348-9011

Fax: 781-272-5578

<http://www.zoll.com>

*ZOLL Medical Corporation designs, manufactures and markets an integrated line of cardiac resuscitation devices, electrodes and data collection software used by first responders and healthcare professionals.*

ZUMRO, INC.  
BOOTH: 513  
P.O. Box 696, Hatboro, PA 19040  
Phone: 800-932-6003  
Fax: 215-957-6501  
<http://www.zumro.com>

*ZUMRO, Inc. is the leading manufacturer of Rapid Deployable Shelters & Decon Systems. ZUMRO, Inc. is the manufacturer of Dive-Thru/Swift Water Rescue Boats and importer of LAMPE Airbags.*

## Poster Sessions

NATIONAL MEDICAL RESPONSE TEAM - CENTRAL  
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*Evolution of an Air Mobile NMRT Cache*

CALIFORNIA  
DISASTER MEDICAL ASSISTANCE TEAMS  
Mary Clare Bennet

*California DMATs at 2002 Wildland Fires*

VA EMSHG / NDMS PHILADELPHIA  
David Berg and others

*A Model Hospital Mutual Aid Organization*

VA EMSHG / NDMS PHILADELPHIA  
David Berg and others

*A Regional Hospital Emergency Management  
Process Model*

JOINT REGIONAL MEDICAL PLANNING OFFICER  
CDR Sally E. Cook

*Joint Regional Medical Planning Program / ESF  
#8 DOD LNO*

OH-1 DISASTER MEDICAL ASSISTANCE TEAM  
Gerald Debien and John Lewton

*Hazmat Awareness Field / Site*

CA-3 MENTAL HEALTH RESPONSE TEAM

*Mental Health*

NATIONAL BIOTERRORISM CIVILIAN MEDICAL  
RESPONSE CENTER (CiMERC)  
Sherri M. Jurgens, MPH and Chad P.  
Schaben, MPH

*Hospital and Community Mass Casualty  
Preparedness*

MONTGOMERY COUNTY FIRE DEPARTMENT  
J. Lee Jenkins, MS

*Suggestions to Improve Sleep on Extended  
Search and Rescue Deployments*

FL-3 DISASTER MEDICAL ASSISTANCE TEAM  
Dr. Sherrie Raz

*The Need For Mental Health Traumatologist  
For Every Team*

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